Crisis Outreach Following a Death or Suicide

CI 002 - Consultation Intervention

By

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CRISIS OUTREACH FOLLOWING A SUICIDE* OR ACCIDENTAL DEATH

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INTRODUCTION

Unfortunately, suicide and accidental death among the college-age population is predictably high. When a student suicide or accidental death does occur on a campus, an effort is typically made to attend to the needs of the victim's relatives. The emotional needs of the deceased student's housemates, however, often are overlooked. These materials offer a description of an outreach program designed to address the needs of the residents of the dormitory, social club, or apartment unit where the deceased lived.

The major components of this intervention involve: 1) contacting the living unit where the deceased resided; 2) offering assistance to the staff and students; 3) conducting a group session in the living unit for the students; and 4) making available follow-up counseling and consultation.

*While the term suicide is used frequently, this outreach program can also be used in the event of death by other causes.
I. Establishing Contact

Upon receiving information of a student's suicide, we immediately phone a person in a supervisory or leadership capacity within that living unit. This individual is typically the head resident in a dormitory, the president of a fraternity or sorority, etc. Since the most effective intervention regarding the suicide's psychological aftermath follows as close to the event as possible, we want to move quickly in this regard. Our desire to contact an individual in a supervisory or leadership role reflects a basic consultative question: does this person have the ability to act on the matter we would like to pursue? In this instance, we're specifically referring to the ability to: 1) assess the psychological climate of the residents, and 2) give approval for us to conduct a group session, if judged appropriate, regarding the suicide.

The person in the supervisory/leadership capacity obviously experiences his/her own reaction to the suicide. Individuals in such positions typically question whether they could have prevented the person's suicide ("Should I have known he or she was that upset?") and how they might prevent future suicides ("How do I prevent this from happening again?"). The purpose served by establishing immediate contact with the supervisor/leader is, therefore, two-fold: 1) to help him/her deal with their own response to the suicide; and 2) to lay the groundwork for the group intervention.

The actual introductory remarks to the supervisor/leader are important, as we certainly do not want to add to the crisis. We consciously frame our inquiry in a broader perspective by letting the supervisor/leader know that our standard policy is to contact living units following suicides to offer whatever assistance we can.

II. Explaining the Range of Support Services Immediately Available

The basic intent of establishing contact with the supervisor/leader is of an educative nature: to let the supervisor know what kind of support services are immediately available. The information conveyed in this regard concerns the counseling services available on our campus. In addition, we add that, in order to decrease future difficulties regarding adjustment to the suicide, we frequently recommend that the residents be given an opportunity to discuss their feelings about the suicide. Therefore, if the supervisor/leader wishes, we would be pleased to have someone from the Counseling Center come by to conduct a discussion for this purpose.

Our experience has been that supervisors/leaders may be unfamiliar with how such sessions are conducted. A basic goal, therefore, is to give the supervisor a concrete understanding of such a group session, rather than present the message, "we could have someone come over." The latter just does not give the supervisor enough information upon which to base a decision. Specific information that should be conveyed in this regard includes: 1) the time frame (about one and one-half hours); 2) attendance (voluntary); 3) the purpose (to allow the group to talk about the natural
reactions that people typically experience to suicide); 4) the location (within their own living unit); and 5) information regarding how the supervisor can discuss with the residents the possibility of such a group being conducted.

The offer to conduct a group session may receive immediate agreement. If not, the counselor may either have the person phone back after talking to the group regarding the possibility of having such a session, or designate a time to reestablish contact. Whatever the supervisor's response, care should be taken not to add to the supervisor's stress by requiring an immediate response. Supervisors seem to prefer to wait from an hour to half a day before deciding whether to request a group session. This apparently leaves time for consulting with the group and discussing information the counselor conveyed about the benefits of a group session. Asking the group if they want such a discussion is a rather straightforward procedure. We frequently suggest that the supervisor call the group together to explain that a representative from the Counseling Center phoned upon being informed of the death/suicide. The supervisor can then relay to the group the information conveyed by the Counseling Center staff member. Specifically, this would involve the supervisor telling the group that the Counseling Center staff member indicated: a) the Counseling Center contacts any living unit in which a death has occurred to offer assistance; b) this assistance can take the form of a group meeting of the residents to discuss their reactions to the death; c) living units who have accepted this invitation consistently report it has been helpful in the residents' adjustment to the death; and d) if the residents choose to have a group conducted, it would be conducted in the living unit, last approximately two hours, and involve breaking up into small groups to discuss reactions to the death. The counselor also asks the supervisor to remind the residents that whether or not all, or any, of the residents choose to participate in a group session, individual residents may see a counselor on a one-to-one basis at the Counseling Center. Similarly, the counselor informs the supervisor of the Counseling Center's on-going availability to help him/her deal with the resident's concerns.

III. Conducting the Session

A. Introduction

The introduction to the session is important. All group members who are in attendance should meet together in one room. Our largest group has been 150 student residents. The introductory topics we have found to be helpful include: 1) legitimizing the many and varied responses the individuals in the group must be feeling in response to the suicide, and 2) setting expectations regarding the agenda for the session (i.e., small group discussion, with facilitators, for one hour; then reconvening to summarize the common concerns of the small groups), as well as to provide information regarding the counseling services on campus available for their use. These introductory remarks should be kept short to maximize the time available for the individuals to spend in the smaller groups discussing their concerns.
B. Small Group Discussions

In many ways, the small group sessions represent the easiest aspect of this type of intervention. During our initial experiences with such groups, we professionals tried to "conduct the groups." Time after time, different group members would elucidate an issue, express their own feeling about what was being discussed, or move the group on to a related topic just as we were about to do so. We found that our comments could be largely confined to drawing out the discussions, which was often accomplished by simply being present to provide a legitimized forum for discussion.

Our experiences thus far have shown us that, in the main, there are several central themes of discussion that emerge naturally during the group session. These themes are listed below in the order they are usually brought up by the residents. Suggested interventions for the counselors are noted for each theme.

1. **Expressing their feelings in response to suicide.** Obviously, helping the residents express their feelings in response to the suicide is essential. It also seems important to let them know that the myriad of responses they are experiencing (i.e., guilt, denial, anger, etc.) are quite normal and understandable.

2. **Questioning what prompted the suicide.** Often the residents, collectively and individually, harbor fears that their action or lack of action caused the suicide. After they have expressed their fears in this regard, it seems helpful to assure them that suicidal motivation is typically both complicated and set in motion years before the suicide actually takes place.

3. **Expecting grief to be displayed uniformly within the group.** Some residents will probably expect or want the group to respond uniformly in their grief. These residents are usually quick to notice that some individuals appear quite grief-stricken while others do not. It is important to help them understand that individuals will respond differently, outwardly and inwardly, to the suicide and that this should be allowed.

4. **Wanting to get back to normal.** While residents feel a desire to get back to normal (i.e., dating, studying, etc.), they often feel guilty about these feelings. The counselor can help alleviate their guilt by giving them permission to resume their daily schedules and by confirming the importance of not allowing the suicide to become central to their daily lives.

5. **Feeling a heightened sense of responsibility to recognize suicidal signs in the future.** It seems residents often feel a responsibility to prevent future suicides within the living unit. This concern is manifested by feeling a need to monitor closely
an individual who seems depressed, giving up needed study time to talk with a co-resident if they seem troubled, etc. While these actions are commendable, it seems important for the counselor to underscore the limitations of one's responsibility and impact in such instances. Residents should be encouraged to suggest formal counseling to a co-resident, rather than taking on that role themselves.

6. **Coping with their own needs in the wake of suicide.** Residents will exhibit a wide range of individual needs following a suicide. Some will be afraid to be alone for a few days, others will have haunting dreams, etc. While they usually express a desire to attend to these needs, they often feel selfish in this regard. The counselor can let them know it is legitimate and important that their individual adjustment to the suicide receive attention. Residents may be able to meet each other's needs for companionship, etc., if these needs are expressed. Residents should also feel free to seek counseling.

C. **Large Group Discussion**

Upon completion of the small group discussions, we reconvene the entire group. The counselors who conducted the group sessions meet for a few minutes during the hiatus to compare notes regarding the central themes expressed in their respective groups. We then summarize for the entire group what themes have been discussed. We find it helpful if one of the counselors will take the lead in this discussion. Summarizing the central themes for the large group seems to accomplish two purposes: 1) to reassure the group of the normalcy of their reactions and concerns; and 2) to give the counselors an opportunity to bring the discussions back to the context of the living unit. Regarding the latter, we give the group members and the supervisors/leaders an opportunity to bring up any group issues related to the suicide. Frequently, questions of how to respond to the suicide victim's family via flowers, etc., are broached. We also use this opportunity to inform the group about the counseling services available to them on campus, including specific information regarding how to access these services.

D. **Residents Utilization of Counseling Services Following the Group Session.**

There are several noteworthy aspects regarding utilization of our office's counseling services by the residents following the group session. First, approximately ten percent of the residents who attended group sessions have sought follow-up counseling. Nearly all of these students indicated the group session had prompted them to seek counseling regarding their personal concerns related to the suicide. Second, several characteristics of those who sought counseling are salient. Those who sought individual counseling
typically were a close friend of the victim and/or discovered the victim. There also was a strong desire by many of these residents to leave school and return home for an indefinite period of time, a wish that was often encouraged or suggested by their parents. Common concerns of such students included difficulty sleeping, fear of being alone, and guilt regarding not having prevented the suicide. In light of their shared concerns, consideration of forming a therapy group is advisable.
APPENDIX A

Conducting a Group Session in a Living Unit Following a Suicide

The central themes of concern to members of a living unit where there has been a recent suicide are enumerated below. These themes are listed sequentially, in the order they are usually brought up by the residents. Suggested interventions for the counselor are noted for each theme.

1. **Expressing their feelings in response to the suicide.** Obviously, helping the residents express their feelings in response to the suicide is essential. It also seems important to let them know that the myriad of responses they are experiencing (i.e., guilt, denial, anger, etc.) are quite normal and understandable.

2. **Questioning what prompted the suicide.** Often the residents, collectively and individually, harbor fears that their action or lack of action caused the suicide. After they have expressed their fears, it seems helpful to assure them that suicidal motivation is typically both complicated and set in motion years before the suicide actually takes place.

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5. **Feeling a heightened sense of responsibility to recognize suicidal signs in the future.** It seems residents often feel a responsibility to prevent future suicides within the living unit. This is manifested by feeling a need to monitor closely an individual who seems depressed, giving up needed study time to talk with a co-resident if they seem troubled, etc. While these actions are commendable, it seems important for the counselor to underscore the limitations of one's responsibility and impact in such instances. Residents should be encouraged to suggest counseling to a co-resident, rather than taking on that role themselves.

6. **Coping with their own needs in the wake of the suicide.** Residents will exhibit a wide range of individual needs following a suicide. Some will be afraid to be alone for a few days, others will have haunting dreams, etc. While they usually express a desire to have these needs attended to, they often feel selfish in this regard. The counselor can let them know it is legitimate and important that their individual adjustment to the suicide receive attention. Residents may be able to meet each other's needs for companionship, etc., if these needs are expressed. Residents should also feel free to seek counseling.