

Best Practices for Suicide Postvention in Schools: Managing Dilemmas and Changing the Narrative

Kevin's Song, January 2026

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1

Case Study

A high school director of counseling called this morning. Last night, a 17-year-old boy died by suicide. He was on the track and wrestling teams. His family has not yet acknowledged his death was a suicide, but in the hours before he died, he posted on social media that he was planning to kill himself. About 20 of his friends spent hours that evening looking for him without success.

2

Overview

I. Foundations of postvention: Goals and guiding principles

II. Twelve Postvention Tasks

III. Additional Considerations

3

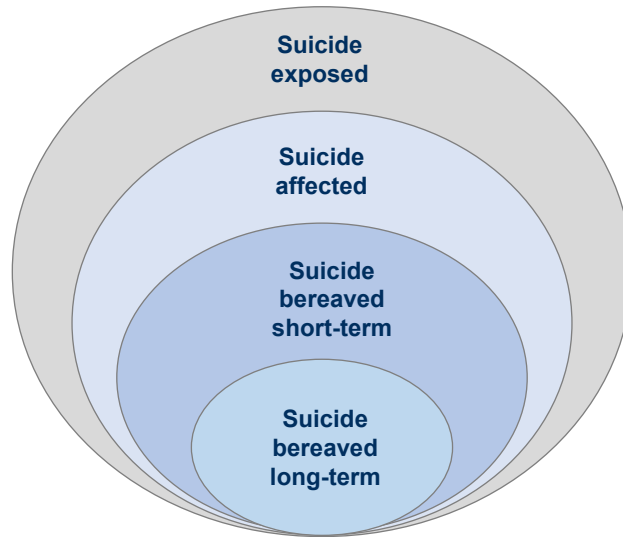
Why Postvention?

- ☐ Adolescent loss survivors have increased risk for mental health conditions
- ☐ Co-workers exposed to suicide are at increased risk for suicide
- ☐ More than half of attempt survivors knew someone who attempted/died by suicide
- ☐ Exposure to suicide is a significant risk factor for suicide

Brent, et.al., 1996; DeLeo & Heller, 2008;
Gould, 2010 ; Hedstron, et. al., 2008

5

Impact for Survivors



Cerel et al., 2017

6

Postvention Goals

- ☐ Promote healthy grieving
- ☐ Stabilize the individual & environment
- ☐ Commemorate the deceased
- ☐ Comfort the distressed
- ☐ Reduce risk of contagion
- ☐ Minimize adverse personal outcomes
- ☐ Create a “teachable moment”
- ☐ Increase empowerment and support

8

Postvention

Guiding Principles

- ☐ Avoid oversimplifying causes
- ☐ Avoid romanticizing/glorifying
- ☐ Discourage focus on method
- ☐ Provide structure for ongoing suicide prevention efforts

9

12 Postvention Tasks

01 Verify death and facts

07 Provide psychoeducation

02 Coordinate internal and external resources

08 Screen for depression or suicide

03 Disseminate accurate information

09 Implement trauma response

04 Identify and support those most impacted

10 Develop linkages to resources

05 Identify those most at risk

11 Evaluate postvention response

06 Provide opportunities for commemoration

12 Develop community or system-wide plan

10

Riverside Trauma Center Postvention Guidelines



11

01

Postvention Task **Verify death and facts**

- Identify main contact
- Establish “who” and “when”
- Confirm with family, police, or medical examiner
- Reach out to family as soon as possible
- Assume widespread rumors

12

Talking with a Grieving Family

Be a compassionate presence.

Representative from school or organization should visit family as soon as possible.

Ask the family what their understanding is of the death.

Gently encourage the family to acknowledge it as a suicide. Enlist the family in prevention efforts.



13

03

Postvention Task

Disseminate accurate information

- Factual, written information acknowledging suicide
 - Condolences to family and friends
 - Plans for support
 - Funeral plans
 - Changes in schedule
- Announce in small groups (no public address)

14

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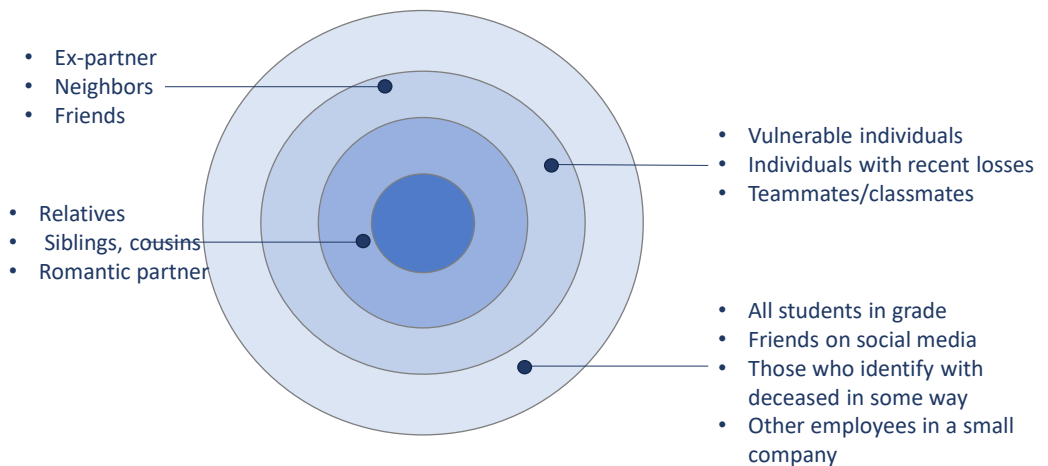
Postvention Task

Identify and support those most impacted

- Emphasis on mourning the loss
- Consider a broad view of who may be impacted
- Be mindful of conflicted relationships

15

Identifying Impacted Individuals



Adapted from Underwood and Dunne-Maxim, 1997

16

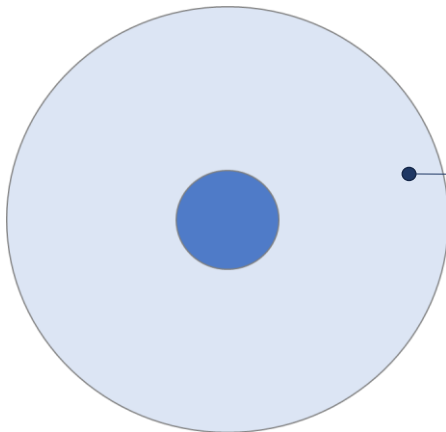
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Postvention Task **Identification of** **those most at risk**

- Focuses on prevention of contagion
- Consider adverse risk factors

17

Individuals at Risk



- Identify with the deceased (even if remote)
- Feeling responsible
- Recent losses
- Impressionable individuals
- History of suicidal behavior
- Those with multiple risk factors for suicide

18

Steps to Consider

- ☐ Create a comprehensive list
- ☐ Monitor social media
- ☐ Reach out to sports team, social groups, etc.
- ☐ Identify and distribute resource information
- ☐ Encourage conversation with vulnerable individuals
- ☐ Manage the empty desk or workspace

19

06

Postvention Task Provide opportunities for commemoration

- Ideally held off-site
- Encourage family to participate
- Emphasized deceased's life rather than manner of death
- Same policy for all deaths
- Discourage permanent memorials

20

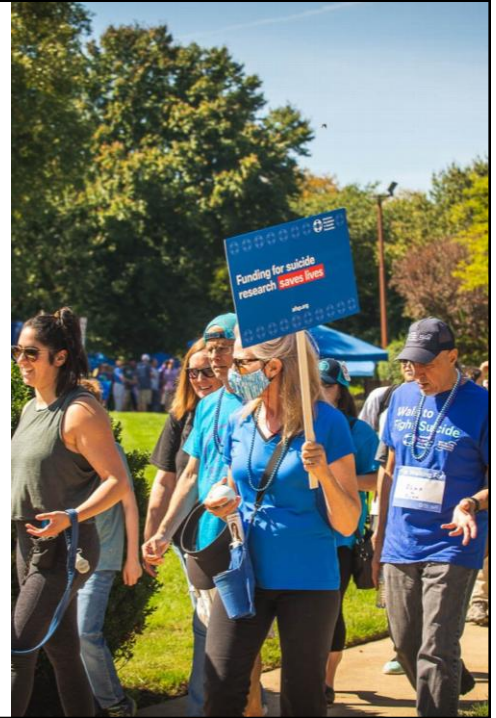
Memorials

Suicidologists worry that permanent memorials may cause contagion.

Healthy grieving is important

Promote life-affirming causes

Encourage pro-social activities



21

07

Postvention Task Provide psychoeducation on grief and suicide

- Educate on suicide, depression, grief, mental illness, substance use, trauma
- Encourage adaptive coping strategies
- Encourage questions
- Advocate for evidence-based prevention programs

22

Why Grief Following Suicide Can be More Complicated

Shock

Stigma/shame

Self-blame/guilt

Anger

Abandonment

Fear of impulses

Search for “why?”

Was it preventable?

Did they mean to die?

Trauma of death

Delays in reports

Police/media

Adapted from Underwood (1997) & Cerel et al. (2015)

23

Grief versus Trauma

Grief

Sadness is the most common emotion

Acute grief runs its course over time

Pain acknowledges the loss

Typically does not impact self-image of the bereaved

Does not involve trauma reactions (flashbacks, hypervigilance, numbing, etc.)

Trauma

Terror/fear is the most common emotion

Lack of treatment can worsen post-traumatic stress

Pain can trigger powerlessness, terror

May impact self-image of bereaved

Involves trauma reactions (flashbacks, hypervigilance, numbing, etc.)

24

Role of Community Forums

- ☐ Help people stabilize
- ☐ Normalize reactions
- ☐ Provide opportunity to grieve together
- ☐ Foster hope and healing
- ☐ Provide resources
- ☐ Create opportunity for prosocial action

25

Changing the Narrative

How does a community change the way it addresses mental health and suicide?

- Reduce** stigma of mental illness
- Promote** asking for help as a sign of strength
- Remind** community members that help is available
- Create** messages of authentic hope
- Remind** the community that no one should suffer alone
- Build** social cohesion
- Communicate** that talk of suicide is always taken seriously
- Remind** everyone that suicidal feelings are temporary
- Address** multiple pathways to get help



26

08

Postvention Task

Screen for depression or suicide

- Consistent with public health approach
- School screenings can be paired with educational programming
- Workplace screenings can be paired with other work culture and wellness initiatives
- Screenings available for adults and youth

27

Screening Students

Validated Screening Tool: BSAD

Seven questions

Two questions (4 and 5) ask directly about suicide, immediately screen in

Four or more “yes” responses screens in

Form can be identified or anonymous

Option to screen in students unable to identify trusted adults

SOS Signs of Suicide

Student Screening Form

Brief Screen for Adolescent Depression (BSAD)*

Please answer the following questions as honestly as possible by circling the “Yes” or “No” response.

In the last four weeks...

1. Have you felt like nothing is fun for you and you just aren't interested in anything?	Yes	No
2. Have you had less energy than you usually do?	Yes	No
3. Have you felt you couldn't do anything well or that you weren't as good-looking or as smart as most other people?	Yes	No
4. Have you thought seriously about killing yourself?	Yes	No
5. Have you EVER in your WHOLE LIFE tried to kill yourself or made a suicide attempt?	Yes	No
6. Has doing even little things made you feel really tired?	Yes	No
7. Has it seemed like you couldn't think as clearly or as fast as usual?	Yes	No

Are you currently being treated for depression? ☐ Yes ☐ No

Identifying Trusted Adults

List a trusted adult you could turn to if you need help for yourself or a friend (example: “My English teacher,” “counselor,” “my mother,” “uncle,” etc.)

In school

Out of school

This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.

28

Additional Considerations

29

What do students tell us?

- **Acknowledge impact of the death, create opportunities to talk about the loss**
- **Provide support from known, caring adults**
- **Being asked to return to classwork immediately following the death felt jarring, unempathetic, and inappropriate**
- **Need education on suicide, grief, and traumatic loss**
- **Provide opportunities to commemorate/ memorialize the loss of peer/ friend**

Mirick & Berkowitz (2022)

30

Social Media

Communication about the death

Online memorials

Difficulties and challenges

Helpful and supportive



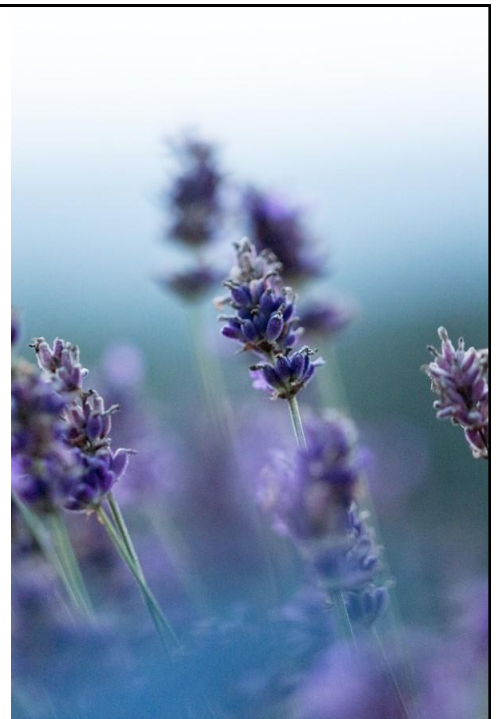
31

Clinicians/ Helpers as loss survivors

What about us?

Disenfranchised grief

Coalition of Clinician Survivors
cliniciansurvivor.org



32

Your experience?

- What are your takeaways?
- Are there models in your community?
- Are their specific cultural/ religious issues that need to be addressed for a postvention plan to work in your region?

Thank You!

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