



## **POLICY NUMBER 24**

# **POSTVENTION PROTOCOL IN THE EVENT OF DEATH BY SUICIDE AND INTERVENTION IN TRAUMATIC SITUATIONS**

---

BG-24-006-512 adopted June 19, 2024

Note: This protocol has been adapted from the Cégep André Laurendeau and Cégep de Chicoutimi postvention protocols.

# TABLE OF CONTENT

<b>INTRODUCTION .....</b>	<b>2</b>
<b>1.TRAUMATIC SITUATIONS .....</b>	<b>3</b>
<b>2. ROLES AND MANDATES OF THE COLLEGE COMMUNITY .....</b>	<b>3</b>
<b>3. POSTVENTION PROTOCOL .....</b>	<b>4</b>
<b>3.1 DEATH NOTIFICATION .....</b>	<b>4</b>
<b>3.2 VALIDATING INFORMATION AND MOBILIZING STAFF .....</b>	<b>4</b>
<b>3.3 OPERATIONS PLANNING.....</b>	<b>6</b>
<b>3.4 CARRYING OUT OPERATIONS AND INTERVENTIONS.....</b>	<b>7</b>
<b>3.5 ACTION PLAN ASSESSMENT .....</b>	<b>8</b>
<b>LIST OF APPENDICES .....</b>	<b>9</b>
APPENDIX 1: Form for reporting and validating a death .....	10
APPENDIX 2: Situation analysis grid in the event of death by suicide .....	11
APPENDIX 3: How to deal with bereaved parents' disagreement with postvention activities following a suicide.....	14
APPENDIX 4: Guidelines for responding to the media following a suicide.....	15
APPENDIX 5: Funerals and funeral rituals .....	17
APPENDIX 6: Letter to staff following a suicide.....	18
APPENDIX 7: Suicidal behavior indicators .....	19
APPENDIX 8: Action plan following a death.....	21
APPENDIX 9: How to break the news of suicide .....	22
APPENDIX 10: Discussing suicide in the classroom .....	23
APPENDIX 11: An example of a suicide debriefing session.....	25
APPENDIX 12: Summary of the main grief reactions following a suicide.....	26
APPENDIX 13: Stages of grief following suicide .....	27
APPENDIX 14: Early intervention in suicide bereavement .....	31
APPENDIX 15: Checklist .....	32

## **INTRODUCTION**

This protocol deals with postvention actions to be implemented following a suicide death, but most of the interventions mentioned can also be applied in the event of traumatic situations (e.g. violent act, natural disaster or accident, or any other event likely to cause distress or anxiety). Intensity and duration vary from one individual to another, depending on a number of specific factors. Each situation must therefore be assessed in order to understand the priority needs and offer appropriate interventions.

This document is a reference tool for all staff to act quickly and in a concerted manner following such an event.

This procedure aims to:

- Ensure rapid and effective response to individuals affected by events;
- Promote an adequate flow of information to the community, media and family; and
- Establish a support network to ensure that those bereaved or affected by a traumatic situation receive the support they need.

In the specific case of suicide deaths, postvention interventions meet two objectives: (1) to prevent contagion and (2) to contain the crisis.

## **1.TRAUMATIC SITUATIONS**

Trauma is a violent emotional shock resulting from an event that runs counter to the context of an individual's normal life. This situation can be dramatic for the person experiencing it, who will need psychosocial help to cope.

There are many traumatic situations that can occur, such as:

- Violence with weapons;
- Natural disasters;
- A threat to community safety;
- The tragic death of a student or staff member;
- Any other cause of major importance.

### **Procedure in the event of a traumatic situation:**

In the event of a traumatic situation affecting a student or member of staff, inform the Director of Studies, who, after validation, will convene and the select postvention committee.

## **2. ROLES AND MANDATES OF THE COLLEGE COMMUNITY**

The success of a traumatic situation intervention plan depends on three elements:

- The social commitment of members of the college community;
- Consultation with local resources; and
- Effective operational coordination.

Traumatic situations have repercussions at community, personal and organizational levels. They therefore require rapid, concerted decision-making if the proposed interventions are to be effective. In this respect, the roles and mandates of those involved must be well defined. All members of the student community and staff must actively participate by immediately reporting to the Director of Studies any traumatic situation involving someone at the College.

### **Creation of a restricted intervention committee:**

The Direction des études is responsible for validating and disseminating information. It is responsible for forming a restricted intervention committee and coordinating its work.

### **Creation of an extended intervention committee:**

The restricted intervention committee decides on the composition of the extended committee and coordinates its work. In the event of a traumatic situation, the members of the extended committee analyze all the factors involved in the situation and draw up a specific intervention plan, adapting the procedures for dealing with deaths by suicide.

### **3. POSTVENTION PROTOCOL**

The suicide death intervention plan has 5 stages:

- 1-Reporting the death
- 2-Validation of information and mobilization of personnel
- 3-Operations planning
- 4-Completion of operations
- 5-Assessment of the intervention plan

#### **3.1 DEATH NOTIFICATION**

It is important that staff members immediately report any rumors or news of a death to management. As soon as you have the information, please contact Assistant Director Marie-Lou Larouche at [marie-lou@tav.ca](mailto:marie-lou@tav.ca) or 514-731-2296 ext. 240.

If a relative or loved one comes to you with the news, you should;

- Greet the bereaved person, listen actively and offer your condolences; and
- Put the person in touch with management or the psychosocial counselor (Patrick Girard, local B-306.1, [p.girard@tav.ca](mailto:p.girard@tav.ca)).

If the parent or loved one is resistant, we can mention that the College is responsible for providing the necessary support to members of the college community who are affected by the event.

#### **3.2 VALIDATING INFORMATION AND MOBILIZING STAFF**

The Director of Studies, the psychosocial counselor and the program coordinator concerned form the postvention committee. This committee is responsible for the following procedures and can mobilize its resources to accomplish certain tasks.

##### **A) Mobilizing the secretariat**

- **If death is confirmed:** check with the police or coroner check;
- **If the death is not confirmed:** whether the person is at the College or can be reached;
- Notify the Education Department and the coordinator concerned by the event;

- If the information is confirmed with the next of kin, send condolences and inform the family of the intervention procedures in place at the facility following a suicide (Appendix 3);
- Quickly obtain contact information for those affected (schedule and contact information for the student or staff member);
- Contact those affected in the hours following the suicide by whatever means are deemed appropriate: letter, presence of an intervener in class, etc. (See appendix 6 for an example of a letter to be sent).
- Prepare appendices for distribution to staff members affected by the event (Appendix 7: Suicidal behavior indicators and Appendix 13: Summary of main grief reactions).

**B) Complete the appendices to be distributed to members of the restricted postvention committee, and the completed form for reporting and validating a death by suicide (Appendix 1);**

**C) Contact the Suicide Prevention Centre of Montreal;**

The Suicide Prevention Centre of Montreal is an important ally when a suicide death occurs. It is a good idea to contact them in order to deepen our analysis of the situation.

**D) Pass on information to the person in charge of communications;**

Inform the person in charge of communications of the event, so as to plan a strategy for dealing with possible media intervention (see Appendix 4).

**E) Collect the student's or staff member's personal belongings;**

If necessary, empty the student's locker or collect the staff member's personal belongings. If necessary, the items should be handed over to the family or the police. It's important to do this as quickly as possible.

**F) Form an extended postvention committee**

Members of the extended committee are chosen by the postvention select committee. They are convened by the select committee. They can be chosen from among teachers, managers, program coordinators or external resources.

### **3.3 OPERATIONS PLANNING**

Members of the postvention select committee analyze the situation and draw up a specific action plan.

## POSTVENTION SELECT COMMITTEE MEETING

OPERATION	TASKS
1	Review of the death validation report form (appendix 1)
2	Return to the <i>Validation of information and mobilization of staff</i>
3	Complete situation analysis grid (appendix 2)
4	Draw up an action plan and determine the tasks to be carried out by each person: <ul style="list-style-type: none"> <li>● Information dissemination (to whom, how)</li> <li>● Individual intervention</li> <li>● Group interventions</li> </ul>
5	Determine whether current community resources are sufficient, and call in reinforcements if necessary (e.g. Suicide Prevention Centre of Montreal)
6	Identify premises: <ul style="list-style-type: none"> <li>● Individual meetings</li> <li>● Group meetings</li> <li>● Space reserved for police officers, if necessary</li> </ul>
7	Schedule review meetings for the select and extended committees: <ul style="list-style-type: none"> <li>● Same day</li> <li>● Within a week</li> <li>● Within a month</li> </ul>

Members of the extended committee participate in the analysis of the situation. If a committee member is personally or professionally affected by the death, his or her needs and limitations must be taken into account.

## MEETING OF THE EXTENDED POSTVENTION COMMITTEE

OPERATION	TASKS
1	Return to the form for reporting and validating a death by suicide (Appendix 1)
2	Review the situation analysis grid (Appendix 2)
3	Draw up a portrait of the steps taken and those to come

4	Enter new information about the deceased and the people affected
5	Identify specific roles as required

### 3.4 CARRYING OUT OPERATIONS AND INTERVENTIONS

Operations can be carried out simultaneously or sequentially, depending on the situation.

- ❖ List of appendices that may be useful at this stage:
  - **Appendix 6:** Letter to staff following a suicide
  - **Appendix 7:** Suicidal behavior indicators
  - **Appendix 8:** Action plan following a death
  - **Appendix 9:** How to break the news of suicide
  - **Appendix 10:** Discussing suicide in the classroom
  - **Appendix 11:** Example of a post-suicide ventilation session
  - **Appendix 12:** Summary of grief reactions following a suicide
  - **Appendix 13:** Stages of grief following suicide
  - **Appendix 14:** Early grief intervention

When students are affected by a suicide or a traumatic event, the members of the select committee handle communications and interventions with them. If necessary, the Collège may request support from the Centre de prévention du suicide de Montréal.

- ❖ List of steps to take if group intervention is appropriate:

INTERVENTION FOR INDIVIDUALS AND TARGET GROUPS		
OPERATION	TASKS	PERSON IN CHARGE
1	Target at-risk individuals or groups (e.g. cohort, group of friends, teacher's group, after-school group, etc.).	
2	Reserve appropriate premises	
3	Appoint the people who will be responsible for the intervention	
4	Invite people to the meeting	
5	Confirm the attendance	
6	Facilitate the meeting	



7	Ensure ongoing supervision after the intervention, if necessary.
8	Verify questionable absences with teachers

### 3.5 ACTION PLAN ASSESSMENT

#### Key moments:

- Day 1
- One week later
- One month later

Check that the interventions deployed are appropriate and that those completed have had the desired effect on the target group. It may be necessary to re-analyze the situation to identify whether further interventions are required. The steps mentioned in the table below should be completed within one month, and the record of the interventions carried out should be kept for 5 years by the studies department.

FINAL EVALUATION	
OPERATIONS	TASKS
1	Convene a meeting of the postvention committee
2	Keep a record of interventions carried out (number of people present, types of intervention, reactions, etc.).
3	Contact affected personnel to gather reactions to events.
4	Gather all relevant postvention documents in a report file.
5	Identify and implement corrective measures.

## **LIST OF APPENDICES**

**Appendix 1:** Death notification and validation form

**Appendix 2:** Situation analysis grid for suicide deaths

**Appendix 3:** How to deal with bereaved parents' disagreement with postvention activities following a suicide

**Appendix 4:** Guidelines for responding to the media following a suicide

**Appendix 5:** Funerals and funeral rituals

**Appendix 6:** Letter to staff following a suicide

**Appendix 7:** Suicidal behavior indicators

**Appendix 8:** Action plan following a death

**Appendix 9:** How to break the news of suicide

**Appendix 10:** Discussing suicide in the classroom

**Appendix 11:** An example of a suicide debriefing session

**Appendix 12:** Summary of the main grief reactions following a suicide

**Appendix 13:** Stages of grief following suicide

**Appendix 14:** Early intervention in suicide bereavement

**Appendix 15:** Checklist

**APPENDIX 1: Form for reporting and validating a death**

Confidential document for use by the restricted postvention committee.

**Identification**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Sex: Female  Male  Other

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Student Number: \_\_\_\_\_

Program: \_\_\_\_\_

Group: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_

**Status**

Student: Regular  Part-time  Full-time

Level: \_\_\_\_\_

Internship: \_\_\_\_\_ Internship coordinator: \_\_\_\_\_

OR

Staff: Teacher  Executive  Professional  Support

**Information:**

Deceased on: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Location \_\_\_\_\_

Means used: \_\_\_\_\_

Information about the event: \_\_\_\_\_

Family reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Validation of death: \_\_\_\_\_ Phone: \_\_\_\_\_

Reported by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Form completed by: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

## APPENDIX 2: Situation analysis grid in the event of death by suicide

Date of meeting: \_\_\_\_\_

### CHARACTERISTICS OF THE DECEASED

Refer to the death notification form (appendix 1)

**1) What is the relationship profile of the person concerned? Did he/she have many or few friends?**

---

---

---

**2. Was the deceased involved in any activities or committees at the Collège or in the community?**

Student association

Newspaper

Club member

Specify: \_\_\_\_\_

**3. Was the person experiencing difficulties (predisposing factors)?**

---

---

---

**4. Did this person receive services at the Collège? If so, from whom?**

Financial aid  Who: \_\_\_\_\_

Individual educational assistance  Who: \_\_\_\_\_

### CIRCUMSTANCES SURROUNDING THE SUICIDE

Refer to the form for reporting and validating a death (Appendix 1).

**5. Was there a triggering event?** Yes  No

**If yes, and if known, which one?**

---

**REACTIONS TO ACUTE STRESS**

6. Are there any direct witnesses? Yes  No

Who: \_\_\_\_\_

7) If yes, are they currently in our facility? Yes  No  Who : \_\_\_\_\_

8) Are there currently many rumors circulating within the establishment?

Yes  No

9) Who already knows about the event at the college?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHARACTERISTICS OF THE PERSON'S ENTOURAGE**

With whom did this person have a relationship at the College, and what was the state of the relationship (conflict, competition, etc.)?

Family member: \_\_\_\_\_

Lovers or ex-lovers: \_\_\_\_\_

Friends: \_\_\_\_\_

Enemies: \_\_\_\_\_

Colleagues or classmates: \_\_\_\_\_

**CHARACTERISTICS OF SCHOOL ENVIRONMENT**

Did she attend a specific place in the College ?

\_\_\_\_\_

If so, which one?

\_\_\_\_\_

Have there been any recent suicides at the College?

Yes  No

If so, when ? \_\_\_\_\_

Are there any pre-suicide tensions or conflicts (violence, taxing, gangs, bullying)?

Yes  No

**CRISIS REACTIONS**

**Can we already identify any vulnerable people, either students or staff, as a result of this event?**

**Names:**

---

---

---

---

**ORGANIZATIONAL CONTEXT IN WHICH POSTVENTION WILL TAKE PLACE**

**Do we have to postpone work or examinations in certain groups?**

Yes  No

**If yes, please specify:** \_\_\_\_\_

**APPENDIX 3: How to deal with bereaved parents' disagreement with postvention activities following a suicide**

Let's specify that the responsibility for postvention activities lies with the school. Even if the parents of a young suicide victim refuse to allow the cause of death to be openly the cause of death, the school must ensure that affected students receive the support they need.

"The cause of death is not confidential. Information can be obtained from the coroner or police authorities. As the school management's intention is to protect, as a "reasonable person", the young people for whom they are responsible, it is their duty to validate information on the death (name, cause, time, place, means used) so that postvention measures without delay. In general, she obtains this information when it is obvious even if it has not yet been made public (according to the Bureau du coroner du Québec, August 2003).

The principal must then inform the victim's parents of the postvention measures that the school will put in place. Even in the event of denial or refusal on the part of the parents, the application of postvention measures remains the sole responsibility of the school. It is more an ethical more of an ethical than a legal issue. A school principal with a postvention program is clearly positioning itself in favor of an organized intervention when a suicide occurs, but the decision to act is still theirs, depending on their assessment of the situation. Refusal or denial is a normal grieving reaction most of the time attributable to the state of shock. In general, we can agree with the parents on the need to intervene quickly to prevent the spread of rumors and the dramatization, "heroisation" or "romanticization" of the event. It's not a question of respecting or disrespecting the family to reduce the impact of stress, crisis and grief. It's clear that misinformation and rumors considerably increase the risk of contagion. It is illusory to think that a rumor like this can be contained. It usually spreads rapidly throughout the school.

Choosing not to mention the cause of death can be interpreted as a judgment on the action taken the person who committed suicide or the bereaved family. This attitude contradicts the objectives of a postvention program. The suicide is an act of despair that plunges the victim's entourage into immense helplessness. If the family clings to secrecy, it deprives itself of the support it could obtain from those around it from those around them. This is their right, but they do not have the power to deprive others of this support.

**Source: Séguin, M., Roy, F., Bouchard, M., Gallagher, R., Raymond, S., Gravel, C. et Boyer, R. (2004), Programme de postvention en milieu scolaire: Stratégie d'intervention à la suite d'un suicide, p. 40**

#### **APPENDIX 4: Guidelines for responding to the media following a suicide**

The first principle is to keep media coverage of suicide cases to a minimum. In the event of media coverage, the General Manager is the only person designated to contact the media. The

information transmitted must be factual and discussed with the family, so as not to make the suicide a spectacular event. Questions about specific aspects of the suicide or the deceased individual should be avoided, and questions and answers should be framed in a more general context (e.g.: Why did he commit suicide? Answer: A person commits suicide because...). The person responsible for communicating with the media should adopt a calm attitude and answer questions that concern the school, pointing out, if necessary, that the police, coroner or parents are in a better position than he or she to inform them about the circumstances surrounding the suicide (McLoughlin, 1990, cited in Gravel, 1999). The media can be positively oriented and enlisted to promote school and community postvention activities. The media can also raise awareness and inform the public about suicide prevention activities.

With this in mind, the media make it possible :

- Transmit information to the public or to a segment of the population;
- Reassure the public;
- Eliminate rumors;
- Obtain outside help;
- Raise public awareness to prevent contagion or another crisis.

However, it is generally agreed that it's even better if the media are not involved in the event. involved in the event.

**Guidelines for the media :**

- Minimize media coverage of suicide cases;
- Do not treat suicide as a private matter;
- Report a suicide only when it is objectively judged to be in the public interest, of public interest;
- Suicide committed in a public place;
- The deceased is a person of public interest;
- The suicide is linked to a symbolic protest, an ideology.

Source: Séguin, M., Roy, F., Bouchard, M., Gallagher, R., Raymond, S., Gravel, C. et Boyer, R. (2004) Programme de postvention en milieu scolaire: Stratégie d'intervention à la suite d'un suicide, p. 41.

**(APPENDIX 4 continued)**

**Guidelines for media coverage:**

- Do not use the front page (if the event is to be placed on the front page,



- place the headline below the fold of the newspaper);
- Avoid using the word suicide in the headline;
- Do not publish photos of the suicide victim;
- Avoid giving details of the method used;
- Avoid describing the suicide as inexplicable or giving simplistic reasons  
simplistic reasons;
- Do not make the suicide seem seductive, romantic, heroic or cowardly,
- Do not give the impression of approving the act; and
- Avoid sensationalizing the event or adding to its drama.  
dramatize the event.

**Replace the words :**

- Successful suicide by suicide or completed suicide;
- Unsuccessful attempt by suicide attempt;
- Suicide victim by suicide victim;
- Suicide candidate by person at risk;
- Stop the epidemic/proliferation of suicide by helping to prevent suicide.

**Elements that can help and encourage suicide prevention:**

- Emphasize that a suicidal crisis can be overcome;
- Suggest alternatives to suicide;
- Promote help-seeking and self-help;
- Inform people about local resources available to suicidal people and their  
their loved ones;
- Present the main warning signs.

**APPENDIX 5: Funerals and funeral rituals**

Ritual is a language (words, gestures and symbols) that gives meaning to reality. It serves to

express ideas and affects (anguish, fear, grief), and it provides an opportunity for those to take concrete action and appropriate the reality of death (Roy, Parrot, Proulx, Chagnon and Tremblay, 1999).

When it comes to funerals and funeral rituals, we recommend consulting the family and respecting their wishes. It should be noted that participation in funeral activities should be left to the discretion of students and their parents. This question should be discussed with the students concerned. Under no circumstances should direct or indirect pressure be exerted on these teenagers (Gravel, 1999).

Students, friends and relatives of the deceased could be accompanied to the funeral. As some young people are experiencing grief for the first time, it may be appropriate to inform them about how to offer their sympathies and about other funeral rites. In this way, the anxiety associated with these aspects of the event should be reduced.

### **If the death was caused by suicide**

As for commemorative activities, it's best to do what the establishment usually does and respect traditions. It is important not to do anything to valorize, glorify or give a simplistic explanation of the suicide (eg. a video about the suicide victim, create a chain of vests, armbands, buttons, etc.). On the other hand, it's important to look at the meaning of these gestures for those who wish to implement them, and to help them make the right choices and help them express their grief reactions appropriately. A member of the postvention committee could be assigned to welcome teenagers and their parents at the funeral, monitor their reactions, offer support and intervene if necessary. The names of people who reacted strongly, showing signs of distress during the event can be collected, helping to identify at-risk individuals. (Gravel, 1999).

Choosing to remain silent about the cause of death can be interpreted as a judgement about the action taken, the person who committed suicide or the bereaved family the person who committed suicide or the bereaved family. This attitude is the objective of a postvention program. Suicide is an act of despair that plunges the victim's entourage into immense distress. The family, which clings to secrecy, deprives itself of the support it could obtain from those around it. It's their right, but they don't have the power to deprive others of that support.

**Source: Séguin, M., Roy, F., Bouchard, M., Gallagher, R., Raymond, S., Gravel, C. et Boyer, R. (2004), Programme de postvention en milieu scolaire: Stratégie d'intervention à la suite d'un suicide, p. 42.**

## **APPENDIX 6: Letter to staff following a suicide**

Dear staff member,

We have just learned of the death by suicide of XYZ (name of student) from the (name of program) program. It goes without saying that this unfortunate event affects the college community.

An intervention team has been mobilized at the Collège to help the young people and staff members affected by this death, and to reduce the risk of a ripple effect. We are taking all necessary measures to help the students and staff around (the deceased). As suicide is an act of despair, we ask you to be more attentive to what is happening around you and, if necessary, to advise us.

Please inform them that they can quickly meet the psychosocial counsellor:

- Patrick Girard, psychosocial counselor, local B 306.1, [pgirard@collegedecarie.ca](mailto:pgirard@collegedecarie.ca)

Rest assured that your request will be handled confidentially and professionally. You can also contact the Suicide Prevention Centre of Montreal(514-723-4000), a resource available 24 hours a day.

For all other inquiries regarding this situation, please contact (name of department concerned).

We thank you for your invaluable collaboration, and please remember that verbalizing what we're feeling often helps us to take a step back and feel less overwhelmed by our emotions.

Signature and name

**Source:** D'après Séguin, M., Roy, F., Bouchard, M. Gallagher, R., Raymond, S., Gravel, C. et Boyer, R. (2004) *Programme de postvention en milieu scolaire: Stratégie d'intervention à la suite d'un suicide*, p.40.

## **APPENDIX 7: Suicidal behavior indicators**

The clues to suicidal behavior are grouped into five distinct categories. You need to pay close attention to notice them and relate them to each other.

## **1.Direct and indirect verbal messages**

The person speaks of death, disgust or breathlessness:

- "I'm going to kill myself";
- "I want to die";
- "I don't want to live anymore";
- "Sometimes I'd rather be dead";
- "I'll never get out of this".

The person talks about an upcoming action or makes disproportionate statements of affection:

- "Soon you'll have peace";
- "I've made my will";
- "Don't worry, I'll clear the floor";
- "I'm going on a long trip";
- "Never forget this".

## **2.Behavioral indicators**

- Radical change in attitudes and behaviors;
- Donation of significant objects;
- Decreased performance in various spheres of life;
- Withdrawal, isolation;
- Putting one's affairs in order: letters, conflict resolution, wills;
- Changes in eating and sleeping habits;
- Acquisition of means to commit suicide: rope, firearm, medication;
- Unusual consumption of drugs, alcohol or medication;
- Changes in clothing;
- Changes in personal hygiene;
- Dangerous behavior;
- Sudden interest in firearms, suicide, morbid things, reincarnation, cemeteries;
- Sudden cheerfulness after a period of depression.

## **APPENDIX 7 (continued)**

### **3.Emotional signs**

- Lack of interest, loss of desire;
- Crying, sadness, apathy, discouragement;
- Sudden mood swings

- Aggressiveness;
- Contradictory and changing emotions: laughter followed by crying, anger;
- Increased anxiety;
- Absence of emotions.

**4.Cognitive indicators**

- Difficulty concentrating;
- Incoherence, confusion in language;
- Fixations;
- Lack of motivation;
- Memory loss;
- Indecision.

**5. Signs of depression**

Depression may be present if more than five of the following symptoms are present and represent a significant change from normal functioning:

- Depressed mood;
- Decreased interest and pleasure;
- Weight loss or gain;
- Insomnia or hypersomnia;
- Fatigue, loss of energy;
- Agitation or motor retardation;
- Feelings of worthlessness or guilt;
- Difficulty concentrating or making decisions; and
- Thoughts of death or dying.

**APPENDIX 8: Action plan following a death**

Which group?	What type of interventions?	By who?	When?	Objectives (handle stress, grief or crisis reactions)


**APPENDIX 9: How to break the news of suicide**

**Warning:** Never announce the news of a suicide in a way that aims to reach everyone at once. An announcement made in this way could lead to increased stress among young people and staff. It's best to work in small groups to identify those who are most affected and at risk.

**Sample script for announcing a suicide:**

Tragic events sometimes occur that are difficult to understand and announce. We have learned the sad news of the death of one of the school's students. (First name, surname) took his own life (time and place of death) by (means used).

We don't know why this happened, but we do know that this event can be upsetting for all of us. Various emotions can be felt, such as sadness, incomprehension, fear, worry, anger, etc. All of these emotions are normal, and we want you to be aware of them. All these emotions are normal, and you should know that there are people available to support you at this difficult time. If you feel concerned, you can go and meet (the person concerned and at the place concerned).

I suggest you talk about it with your friends, parents, college counselors or someone you trust. You can also contact crisis lines such as Tel-Jeunes (1-800-263-2266) or the Suicide Prevention Centre of Montreal (1-866-277-3553).

\* Give a list of resources, at least one of which is available 24 hours a day, 7 days a week, to everyone present, or set aside time for them to take note of them.

(Source: Séguin, M., Roy, F., Bouchard, M. Gallagher, R., Raymond, S., Gravel, C. et Boyer, R. (2004) *Programme de postvention en milieu scolaire: Stratégie d'intervention à la suite d'un suicide*, p.36. )

**APPENDIX 10: Discussing suicide in the classroom****1.Validation of death by suicide**

Mention the person's first and last name, the place and date of death and the means used.

**2.Opening the exchange**

Do you want to talk about it? Do you need to talk about this news? What reactions has this provoked in you? We'll take a few minutes to discuss it before the class starts, to absorb the shock.

**A few questions to encourage discussion:**

- Who knew this person?

- What do you share with this person?
- What was your reaction to the news of his or her death, if you already knew?
- What were the reactions of other people around you?

#### **Attitudes to adopt during the exchange**

- Give free rein to the sharing of information and reactions;
- Normalize the reactions expressed: shock, guilt, anger, grief and incomprehension;
- Suggest an alternative meaning to messages suggesting a heroic gesture or cowardice, or an appropriate solution to problems "Suicide is an act of deep despair and suffering".

#### **3.Supporting students**

- Encourage students not to keep suicide a secret or isolate themselves;
- Reiterate the availability of the Collège's counselors and make them feel comfortable about going for help;
- Welcome and target special needs;
- Deal quickly with people in crisis.

#### **4.Follow-up with a College counselor**

- After a period of discussion, continue the course;
- Contact a postvention counselor for follow-up;
- Remain attentive to absences, unusual behavior and signs of distress in the weeks to come.

(Source: Cégep de Chicoutimi, Protocole de postvention, Chicoutimi, Comité humanitaire d'intervention de crise, 2007, [www.cegep-chicoutimi.qc.ca](http://www.cegep-chicoutimi.qc.ca).)

#### **Internal resources**

**Patrick Girard**, psychosocial counselor, room 306, 1,  
[p.girard@tav.ca](mailto:p.girard@tav.ca)

#### **External resources (24h/24)**

Suicide Prevention Centre of Montreal  
1-866-277-3553

Everywhere in Quebec: 1-866-277-3553



## **APPENDIX 11: An example of a suicide debriefing session**

A ventilation session should be facilitated by someone who is knowledgeable about the issue of suicide and comfortable doing so. It is important to have a second person available to intervene quickly in an emergency.

During the ventilation session, the facilitator must ensure that a climate conducive to sharing and exchange is maintained through active listening, empathy and a receptive attitude. Here are the principles that should guide your facilitation:

- Make sure everyone has the same information about suicide.
- Explain clearly what will be done during the session.
- Invite those present to talk about how they feel and how they reacted to the news. However, don't insist if some people don't feel like doing so.
- Explain that talking and sharing emotions brings some relief.
- Start the discussion by asking a few questions:
  - What did you share with the person who died?

→ How did you react when you heard the news?

→ How do you feel now?

- Normalize the expression of emotions (shock, fear, sadness, anxiety, etc.).
- Clarify any misconceptions people may have about suicide.
- Mention that not everyone is affected in the same way, and may react differently to the event.
- Speak generally about suicidal people, not about the person who has committed suicide (depersonalizing the discourse).

( Source: Séguin, M., Roy, F., Bouchard, M. Gallagher, R., Raymond, S., Gravel, C. et Boyer, R. (2004) *Programme de postvention en milieu scolaire: Stratégie d'intervention à la suite d'un suicide*, p.38. )

## APPENDIX 12: Summary of the main grief reactions following a suicide

The intensity of reactions varies from one person to another, taking into account the following factors:

- The relationship with the deceased;
- Conflicts with the deceased and those around him/her;
- The age and personality of the bereaved person;
- Previous experiences with death;
- Circumstances surrounding the death;
- The person's coping mechanisms;
- Ability or inability to express emotions;
- Social support or isolation;
- A new emotional loss.

### MANIFESTATIONS OF SUICIDE BEREAVEMENT

Emotional	Physical	Psychological	Behavioral
<ul style="list-style-type: none"><li>• Anxiety</li><li>• Guilt</li><li>• Fear</li></ul>	<ul style="list-style-type: none"><li>• Lack of energy</li><li>• Palpitations</li></ul>	<ul style="list-style-type: none"><li>• Nightmares</li><li>• Mood swings</li><li>• Suicidal</li></ul>	<ul style="list-style-type: none"><li>• Violence</li><li>• Difficulty staying put</li></ul>

<ul style="list-style-type: none"> <li>● Anger</li> <li>● Loss of control</li> <li>● Shame</li> <li>● Sadness</li> <li>● Despair</li> <li>● Incomprehension</li> <li>● Helplessness</li> <li>● Loneliness</li> </ul>	<ul style="list-style-type: none"> <li>● Digestive problems</li> <li>● Difficult breathing</li> <li>● Muscle tension</li> <li>● Sleep disorders</li> <li>● Appetite problems</li> </ul>	<ul style="list-style-type: none"> <li>● ideation</li> <li>● Memory loss</li> </ul>	<ul style="list-style-type: none"> <li>● Withdrawal</li> <li>● Inability to be alone</li> <li>● Excessive search for an explanation or someone to blame</li> </ul>
--	---	---	--

**What those affected need:**

- Break the isolation;
- To be welcomed in what they are experiencing;
- To talk freely about suicide without feeling judged;
- To receive hope and support;
- Reassurance about their reactions and feelings;
- To come to terms with their suffering;
- Understand what happened;
- Meet others who have gone through the same experience;
- Express their pain and know that it will lessen over time;
- Find ways to ease the grieving process.

(Source: Cégep de Chicoutimi, *Protocole en postvention*, Chicoutimi, Comité humanitaire d'intervention de crise, 2007.)

**APPENDIX 13: Stages of grief following suicide<sup>1</sup>**

<b>STAGE 1: Shock and denial</b>	
The person has difficulty accepting what has happened and the form of death. Partial or temporary denial is a defense mechanism that allows the tragedy to be gradually absorbed.	
<b>Characteristics</b>	<ul style="list-style-type: none"> <li>● Initial shock often greater due to cause of death;</li> <li>● Denial of death replaced by cause of death;</li> <li>● Denial of the cause of death is induced by psychological shock and greatly</li> </ul>

<sup>1</sup> Cégep de Chicoutimi, *Protocole de postvention*, Chicoutimi, Comité humanitaire de crise, 2007.

	<p>influenced by social considerations (reprobation, dishonor, shame and rejection);</p> <ul style="list-style-type: none"> <li>● Search for a culprit or cause;</li> <li>● Possibility of idealizing suicide as noble or ideological;</li> <li>● Possibility of belittling the deceased in order to minimize the impact of the loss;</li> <li>● The bereaved person is not ready to receive therapeutic help, the request for help being more a reaction to avoid facing the pain and emotions associated with the loss.</li> </ul>
<p><b>Intervention ideas</b></p>	<ul style="list-style-type: none"> <li>● Have the person ventilate, allow them to express their grief;</li> <li>● Tell them how they learned of the death, and check their relationship with the deceased;</li> <li>● Be available, listen, support;</li> <li>● Do not suggest reactions or emotions;</li> <li>● Avoid leaving the person alone;</li> <li>● Identify the various resources available to help the person.</li> </ul>

(APPENDIX 13 continued)

<p><b>STAGE 2:</b></p>
<p>The person doesn't want their loved one to be gone. They seek to understand and make sense of the suicide. They experience a range of intense emotions.</p>

<p><b>Characteristics</b></p>	<ul style="list-style-type: none"> <li>● Manifestation of numerous physical and psychological symptoms: sadness, anger, shame, powerlessness, guilt, search for someone to blame, incomprehension, hallucination, insomnia, etc;</li> <li>● Feelings of involvement and responsibility in the deceased's decision to end his or her life;</li> <li>● Scrupulous examination of one's entire relationship with the suicide victim in order to detach oneself from the intolerable feeling of guilt;</li> <li>● Fear of others' reactions: isolation and guilt often accentuated when the bereaved knew the deceased's intentions;</li> <li>● Physical search for the deceased;</li> <li>● Stubborn search for a meaning to give to this voluntary death.</li> </ul>
<p><b>Intervention ideas</b></p>	<ul style="list-style-type: none"> <li>● Help the bereaved to accept suicide as a real and irreversible fact;</li> <li>● Work to relieve the bereaved person's guilt by enabling them to express what they have done versus what they believe they should have done; help them to come to the conclusion on their own that there is nothing more they could have done, or to forgive themselves for what they feel they omitted to do for various reasons: <ul style="list-style-type: none"> <li>→ "I didn't know that..."</li> <li>→ "I didn't believe that"</li> <li>→ "I couldn't do more because..."</li> </ul> </li> <li>● Always reassure the person about his or her reactions and condition;</li> <li>● Work towards a more accurate perception of the suicide phenomenon.</li> </ul>

(APPENDIX 13 continued)

**STEP 3: The protesting**

The person comes into contact with the reality of suicide and experiences a complete disorganization of their world.

<b>Characteristics</b>	<ul style="list-style-type: none"><li>● The person questions everything and may even contemplate suicide. Despair takes the form of a profound existential crisis. The bereaved person is vulnerable to the option of suicide to alleviate their suffering. They know more than ever that voluntary death is a possibility;</li><li>● Memories bring sadness and guilt. Regrets abound;</li><li>● She experiences a great deal of anxiety, is afraid of losing control, feels she has suffered an injustice, feels abandoned, rejected and betrayed. She feels angry. Feelings of shame can fuel fear of others' judgment, leading to embarrassment, withdrawal and isolation.</li></ul>
<b>Intervention ideas</b>	<ul style="list-style-type: none"><li>● Assess suicidal potential;</li><li>● Help reduce depression by enabling the person to identify and acknowledge his or her emotions; reassure and help the person understand what he or she is going through by explaining the grieving process and validating his or her reactions;</li><li>● Enable her to reassess her self-perception and work towards restoring or maintaining a sense of self-esteem;</li><li>● Help the person to let go of old patterns of behavior established with the deceased and replace them with new ones;</li><li>● Help the person to reorganize his or her life without the loved one, and become actively involved in helping to increase his or her sense of control over himself or herself and his or her environment.</li></ul>

(APPENDIX 13 continued)

## STEP 4: The reorganization

The intensity of the pain gradually diminishes. They regain interest in the outside world and are able to invest in new emotional relationships. Living with the suicide of a loved one becomes possible.

The bereaved person redefines themselves as a person, re-establishing their values and desires. Memories become less frequent, places less painful. At this stage, the bereaved person is able to function and enjoy life again.

<b>Characteristics</b>	<ul style="list-style-type: none"> <li>● Wary of getting involved in new relationships.</li> </ul>
<b>Intervention ideas</b>	<ul style="list-style-type: none"> <li>● Ventilate, reassure, let feelings be expressed and told they are normal, relieve guilt, inform, support, counsel, give hope, explore ways to help with the person, refer if necessary.</li> </ul> <p><b>General recommendations:</b></p> <ul style="list-style-type: none"> <li>● Avoid value judgments and respect beliefs;</li> <li>● Do not try to convince the person that you know exactly how he or she feels;</li> <li>● Don't minimize the person's pain, nor encourage it at all costs; instead, tell the person that you are trying to understand, that you feel that the pain seems unbearable, but that you can listen and accept it.</li> </ul>

#### **APPENDIX 14: Early intervention in suicide bereavement**

Here are some guidelines for the application of early bereavement intervention:

- It is intended for loved ones who have developed an attachment bond with the suicidal person;
- It is conducted in the hours or first 2 weeks following the event;
- It must be led by experienced people qualified for this type of intervention,
- It can take the form of individual or group sessions.

<b>INTERVENTION SEQUENCE</b>		
<b>STEPS</b>		<b>KEY ELEMENTS</b>
<b>1</b>	<ul style="list-style-type: none"> <li>➤ Introduce yourself and explain the purpose and course of the match.</li> </ul>	<ul style="list-style-type: none"> <li>● Privacy</li> <li>● Let all participants speak</li> <li>● Do not be disturbed by external stimuli</li> </ul>
<b>2</b>	<ul style="list-style-type: none"> <li>➤ Who did they lose?</li> <li>➤ Description of events</li> </ul>	<ul style="list-style-type: none"> <li>● Talk about the deceased</li> <li>● What they know about the day of death, what happened</li> <li>● Events leading up to the suicide</li> </ul>
<b>3</b>	<ul style="list-style-type: none"> <li>➤ Events of the past few weeks</li> <li>➤ How can we understand?</li> <li>➤ What is the meaning of this event?</li> </ul>	<ul style="list-style-type: none"> <li>● Sequence of events over the past month or months</li> <li>● Events that exacerbated the difficulties</li> <li>● State of the deceased's mental health</li> </ul>
<b>4</b>	<ul style="list-style-type: none"> <li>➤ Participants' grief reactions</li> <li>➤ Putting affective (emotional) reactions into words</li> </ul>	<ul style="list-style-type: none"> <li>● Guilt/ Responsibility</li> <li>● Anger/ Stigmatization</li> <li>● Feelings of personal involvement in the death</li> <li>● Suicidal ideation, distress</li> <li>● Suicidal plans</li> </ul>
<b>5</b>	<ul style="list-style-type: none"> <li>➤ Exploring the resilience of the bereaved</li> <li>➤ Assessing personal vulnerabilities</li> </ul>	<ul style="list-style-type: none"> <li>● Mental health status</li> <li>● Distress</li> <li>● Fragility</li> <li>● Social support</li> </ul>
<b>6</b>	<ul style="list-style-type: none"> <li>➤ Organization of follow-up</li> <li>➤ Diagnosis and recommendations</li> </ul>	<ul style="list-style-type: none"> <li>● Short-term support (crisis)</li> <li>● Helping relationships</li> <li>● Group and bereavement support</li> </ul>
<b>7</b>	<ul style="list-style-type: none"> <li>➤ End of interview and recommendations</li> </ul>	<ul style="list-style-type: none"> <li>● Make appropriate recommendations</li> <li>● Follow-up.</li> <li>● Identify local resources</li> </ul>



## APPENDIX 15: Checklist

→ **The suicide death intervention plan has 5 stages:**

1. Reporting the death
2. Validation of information and mobilization of personnel
3. Operations planning
4. Completion of operations
5. Assessment of the intervention plan

→ **As a teacher, you should:**

- Allow a member of the postvention team to come and announce the death in your class if necessary;
- Refer people affected by the event to the psychosocial worker, Patrick Girard, [p.girard@tav.ca](mailto:p.girard@tav.ca), room 306.1;
- Adapt teaching methods if necessary;
- Stay alert for signs of distress over the next few days.

### **Internal resources**

**Patrick Girard**, Psychosocial counselor, room 306,1,  
[p.girard@tav.ca](mailto:p.girard@tav.ca)

### **External resources (24h/24)**

Suicide Prevention Centre of Montreal  
1-866-277-3553

Everywhere in Quebec: 1-866-277-3553