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# Suicide Prevention and Response in the College Setting

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# SUICIDE PREVENTION AND RESPONSE IN THE COLLEGE SETTING

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CERTIFICATE OF APPROVAL

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CAPSTONE PROJECT

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Suicide Prevention and Response in the College Setting

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Abstract

It is imperative for college counselors and higher education personnel to address the prevalence of suicide rates of college students. The purpose of this study is to examine key elements of suicide prevention and response (postvention) strategies that may be implemented in a college setting. The elements of comprehensive campus prevention examined include: Screening methods, gatekeeper training, and policy reform and implementation. The elements of postvention examined include: Campus response, identifying suicide survivors, and community support groups. It is concluded that a comprehensive framework that emphasizes key elements of prevention and postvention is vital for higher education settings.

*Keywords:* suicide, prevention, postvention, gatekeeper, screening, policy, support groups

Contents

**Suicide Prevention and Response in the College Setting**

Suicide is the second leading cause of death of youth 15-24 years old (Center for Disease Control and Prevention [CDC], 2017). This is a prevalent issue in the college setting as most undergraduate students fit within this age range. According to recent research, about 33% of college students reported they "seriously considered attempting suicide" in 2015-2016, and 9.3% of students reported they "made a suicide attempt" (Center for Collegiate Mental Health, 2016, p. 4). It is imperative for college counselors and higher education personnel to address the prevalence of suicide rates of college students. The purpose of this study is to examine the various strategies of suicide prevention and response, or postvention, to suicide in the college setting. Many studies focus on intervention strategies counselors implement while treating at-risk students or students in crisis. Not only is it important for counselors to provide interventions for at-risk students, but prevention and postvention efforts are also vital.

Gallagher (2014) stated that 86% of students who died by suicide never sought campus counseling services before to their death (as cited in the American Association of Suicidology [AAS], 2016). Counselors must also play a role in the prevention and postvention efforts aimed at students that may not seek counseling services prior to attempting suicide. By focusing on prevention, counselors and higher education personnel can implement strategies to raise awareness and assist students in getting connected to mental health resources on campus. Likewise, postvention efforts implemented by counselors and higher education personnel can provide mental health resources and outreach for those affected by a suicide or suicide attempt. This study will explore key elements of prevention and postvention strategies higher education communities may implement. This research will help college counselors and higher education personnel learn more about effective prevention and postvention strategies.

## Review of Literature

Research indicates it is critical for colleges and universities to have a comprehensive campus prevention and postvention response protocol to help guide the actions of campus personnel after a student death, as well as to help reform prevention efforts at all levels (Cimini & Rivero, 2013; Drum & Denmark, 2012; The Jed Foundation, 2006; Keyes, 2012). By incorporating suicide prevention on-campus, counselors may become aware of at-risk students sooner than as well as reduce the likelihood of concerns becoming crises through timely assistance (Washburn & Mandrusiak, 2010). The literature on programming for suicide prevention is broad. However, many suicide prevention programs have not been researched fully to explore their overall effectiveness. Before reviewing the variety of factors related to suicide prevention and postvention, it is first important to understand key terminology discussed in the literature.

### Suicide

The CDC defines suicide as "death caused by self-directed injurious behavior with any intent to die as a result of the behavior" (Crosby, Ortega, & Melanson, 2011, p. 23). A key word in this definition is intent. Risk taking behaviors or habitual activities such as tobacco use, substance abuse, excessive speeding in motor vehicles, and gambling do not fall into the category of self-injurious behavior because the intent is not to cause injury or death. Additionally, the Jed Foundation (2006) describes suicide as "an escape from psychic pain or distress by a person who cannot find another way to cope" (p. 4). This definition is important because it describes a desire to escape from pain through suicide. Students who reported seriously considering suicide in the past year rated emotional or physical pain as the number one factor that impacted their consideration of suicide (Drum, Brownson, Denmark, & Smith, 2009).

**Suicide Contagion and Clusters**

When discussing suicide in the college setting, it is important to understand the difference between suicide contagion and suicide cluster. Schwartz (2016) defines a suicide contagion as "the process by which knowledge of a suicide facilitates occurrence of a subsequent suicide" (p. 28H). Furthermore, a suicide cluster is considered an "excessive number of suicides occurring in close temporal and/or geographical proximity" (p. 28H). Research also describes factors that can contain or promote suicide contagion and clusters. One of the most influential factors is the media. Research shows that carefully and well-constructed media reports can lower the rates of suicide in the community; this is called the Papageno effect (Schwartz, 2016). Media can accomplish this by highlighting positive coping strategies and alternatives to suicide and referring at-risk populations to crisis resources on campus or in the community. Conversely, media reporting can also increase contagion and cluster which may have a direct impact on suicide rates; this is called the Werther effect (Schwartz, 2016). The factors related to this effect include: Large headlines, story located on the front page, images of deceased or of the setting, detailed descriptions or romanticized views of the individual or act, normalizing suicide as a coping response, language that states suicide is unavoidable, or oversimplified cause of suicide.

**Suicide Survivor**

Furthermore, one term to consider when discussing suicide response or postvention is suicide survivor. The American Association of Suicidology (2014) defines suicide survivor as "a family member or friend of a person who died by suicide" (p. 1). Additionally, this organization estimates there are at least six survivors for each person's suicide. Due to the close proximity and amount of interconnectedness on a college campus, this estimate could be much greater. Suicide survivors may come in the form of friends and roommates, sorority sisters or fraternity brothers,

romantic partners, teammates and coaches, and faculty members or staff (Meilman & Hall, 2006). Common emotional responses of survivors include: Shock, confusion, disbelief, self-blame, shame, abandonment, and helplessness among many others. Survivors are more likely to experience significant and lasting negative effects related to others' suicide (Levine, 2008). Additionally, suicide survivors with close relationships to the deceased are at higher risk for contagion (Schwartz, 2016).

These comprehensive definitions offer a greater understanding of suicide prevention and response in the college setting which the current research is following. The research that follows will focus on three areas of suicide prevention including: Screening methods, gatekeeper training, and overall policy reform and implementation. Additionally, the following three areas of suicide postvention will also be examined: The importance of campus response, identification of suicide survivors, and community support groups. Keyes (2012) discusses offering a menu of prevention efforts for college campuses to choose to implement. It is important to have several options to choose from because of the potential limitations college campuses face. While there are a variety ways to incorporate suicide prevention into a campus setting, the Jed Foundation Framework (see Appendix A for complete framework) provides a comprehensive, gold standard of practice for colleges and universities (The Jed Foundation, 2006).

**Suicide Prevention**

In efforts to create a more comprehensive, campus-wide approach in addressing suicide, The Jed Foundation (2006) created a three-part framework for higher education settings. These three parts consist of prevention, intervention, and response or postvention efforts. Working together with campus departments and organizations; developing or revising policies and protocol; implementing a campus-wide, risk surveillance system; and tracking all injuries,

safety-related, and health-related indicators are all firmly in the center of the framework (The Jed Foundation, 2006). The aim of this framework is to promote mental health awareness and well-being and prevent suicide. This is achieved by implementing the following eight key domains: Social marketing, life skills development, social network promotion, means restriction, educational programs, questionnaire or screening programs, mental health services, and crisis management domain.

The Jed Foundation (2006) describes several prevention efforts including: Creating a mental health task force, raising awareness in the college community about symptoms of mental illness, teaching about risk factors for suicide, restricting access to lethal means, offering programs focusing on strengthening life skills, and matching the mental health resources on campus to the demand for services. More recent research supports similar efforts such as community education, screening and interacting with students, web-based resources, saturating the community with messages and resources, and establishing referral processes (Keyes, 2012).

In a study by Washburn and Mandrusiak (2010), the University of British Columbia began to implement the Jed Foundation Framework in a campus wide effort of prevention. Results supported the Jed Foundation Framework, indicating that campus-wide prevention programs can reduce the likelihood of concerns becoming crises (Washburn & Mandrusiak, 2010). Campus-wide prevention programs can also improve accessibility and offer more timely assistance to students in crisis. Results also suggest collaboration with campus departments and organization is critical. Furthermore, this study promotes integrating risk-management efforts and pooling resources– targeting suicide, violence, and substance-related harm– to make prevention programming more cost-effective (Washburn & Mandrusiak, 2010). Combining

resources could be crucial for colleges and universities with limited funding for preventative efforts; and yet effectively improving preventative measures for students.

**Screening methods**. When researchers examine screening tools for suicide prevention, often the screening should include questions assessing for depression or mood disorders. Depression assessments such as the PHQ-9 can be effective in identifying at-risk students when they are administered and interpreted by a mental health professional. Often the students taking these kinds of assessments are the ones who are already seeking help or treatment from campus counseling services. However, the American Foundation for Suicide Prevention (AFSP; 2018) reports that over 85% of students who die by suicide never have contact with the campus counseling services. Contributing factors to this include: Lack of awareness of campus services, stigma, or decreased help-seeking behaviors. Some students may have fears and concerns, past life experiences, or ways of thinking that impede them asking for help. This poses the question of how can mental health professionals get the depression assessments into the hands of students who are not seeking help, and also have their results interpreted by professionals.

The AFSP created a screening tool, the Interactive Screening Program (ISP), to target groups of at-risk students. The ISP is a web-based, bridging program where respondents engage in anonymous email dialog with clinicians (Ream, 2015). The ISP risk factors taken into account include: Depression, emotional distress, substance use, and disordered eating. This screening also uses the PHQ-9 and asks explicit questions regarding suicidal ideation and attempt(s). To utilize ISP, students begin by taking a brief stress and depression questionnaire (AFSP, 2018). Campus-based mental health providers view the results and send personalized responses to students. Students can exchange messages with a provider and receive timely feedback. Mental health providers may encourage students to make an appointment with the campus counseling

center for an in-person meeting. This screening program has been described as integral in comprehensive suicide prevention (AFSP, 2018).

Through ISP, students can connect with a campus-based mental health professional and discuss barriers to help-seeking. Students can learn more about services available and more clearly identify the problems they are experiencing. Higher education settings have the ability to make ISP available to groups of students who may be more at-risk, such as suicide survivors, or groups with low utilization of campus counseling services (Schwartz, 2016; AFSP, 2018). The AFSP found that students who connected with a counselor through ISP online messages were three times more likely to attend an in-person meeting, and three times more likely to enter treatment than students who did not use the ISP.

Branching off of the ISP, the Interpersonal-Psychological Theory of Suicide (IPTS) posited three issues must be present for there to be a serious risk of suicide: Perceived burdensomeness, thwarted belongingness, and acquired ability for suicide (Ream, 2015). A significant correlation was found between perceived burdensomeness and thwarted belongingness and all ISP risk factors. However, there was no significant relationship between ISP risk factors and acquired ability for suicide. Ream (2015) concluded that IPTS variables were additive in the screening process and provided more explanatory power than the model without IPTS variables. When utilizing any screening tool, it is important for colleges and universities to have resources and protocol in place to connect anyone with appropriate follow-up care and support.

**Gatekeeper training**. Another area of prevention supported by the Jed Foundation (2006) is gatekeeper training for students, faculty, and staff. The Campus Connect framework describes a gatekeeper as “any individual on a college campus who has contact with students and

who may have access to information regarding students' overall well-being and mental health" (Wallack, 2006, p. 2). Gatekeeper trainings are typically ran by mental health providers for students, faculty, and staff. The purpose of gatekeeper training is to train individuals to identify and support students experiencing mental health problems, or potentially, having thoughts of suicide (Wallack, 2006). Gatekeeper training not only disseminates information and increases awareness, but also empowers gatekeepers to ask questions about suicide and make referrals.

The Suicide Prevention Resource Center (2018) lists several gatekeeper trainings available that vary in price and evidence of effectiveness. Colleges and universities may choose gatekeeper trainings geared towards specific populations, such as military veterans or LGBTQ+ students. Most often, gatekeeper trainings are curriculum- or skills-based programs that are designed to teach the warning signs of suicide, encourage help-seeking, and increase awareness of available resources (Drum & Denmark, 2012). Although these curriculum-based trainings may be informative, they may not improve or expand upon gatekeepers' skills for crisis situations. Pasco, Wallack, Sartin, and Dayton (2012) hypothesize that gatekeeper programs may need to include active learning or experiential practice exercises in order to improve gatekeeper skills above the knowledge learned through educational trainings.

One experiential-based gatekeeper training that can be used broadly within the college/university community is the Syracuse University Campus Connect framework. Campus Connect is one of the few nationally recognized gatekeeper-trainings exclusive to the higher education setting (Pasco et al., 2012). This training incorporates active learning exercises as well as increasing knowledge and awareness regarding suicide warning signs, referral sources, and guidance for directly asking about suicidal thoughts. Pasco and colleagues (2012) evaluated the efficacy of the Campus Connect program. The study evaluated participants' skills and self-

efficacy when responding to individuals in crisis and whether they were positively impacted by participation in the program. Additionally, researchers evaluated whether participating in experiential exercises contributed to the increase in skill and self-efficacy (Pasco et al., 2012). Results of the study indicated that participating in the Campus Connect gatekeeper training resulted in improved crisis response skills and enhanced self-efficacy. Additional results showed that participation in experiential exercises may enhance gatekeeper comfort and self-efficacy beyond gains that are achieved from didactic training alone. Researchers encourage further analysis of the Campus Connect and other programs to continue examining the efficacy and effectiveness of gatekeeper trainings.

Another gatekeeper training program that has been supported by the Suicide Prevention Resource Center (2018) is the *At-Risk for College Students* by Kognito. This program is a 30-minute online simulation where users can practice approaching and referring distressed peers (Albright, Goldman, & Shockley, 2013). Users learn about the warning signs of psychological distress including anxiety, depression, and suicidal ideation. They are also taught motivational interviewing strategies to increase trust and help-seeking behaviors. Albright and colleagues (2013) evaluated the effectiveness of this gatekeeper model in a longitudinal study across 20 institutions in 10 states. The participants completed three surveys: A baseline pre-survey before the simulation, a post-simulation survey immediately after the simulation, and a follow-up survey three-months after the simulation.

Results found a significant increase in the following self-perceived preparedness measures: Identifying signs of a fellow student's psychological distress, discussing concerns with the student, motivating them to seek help, and referring them to mental health support services (Albright et al., 2013). Furthermore, researchers found a 70% increase in the average number of

fellow students approached by participants, as well as a 53% increase in the number of fellow students referred to support services. In the follow-up survey, participants indicated a significant increase in the likelihood they would self-refer when feeling psychologically distressed. Participants also rated the learning experience itself. Overall, participants reported high satisfaction and ease of use, would recommend the simulation to others, and indicated it will help them get timely aid to their fellow students (Albright et al., 2013). As technology has become so pervasive in the lives of college students, this gatekeeper program may be an engaging and effective way to implement suicide prevention in the college setting.

**Policy reform and implementation**. The Jed Foundation (2006) encourages colleges and universities to proactively develop crisis protocols in a methodical manner. This reduces the need for ad-hoc decision-making in the event of a campus crisis. Francis (2003) discusses the importance of having programs or policies in place to maintain ethical and legally compliant standards. By proactively reforming and implementing policies, higher education administration can be prepared to handle situations with suicidal students. Important ethical considerations may include: Beneficence and autonomy, confidentiality and informed consent, institutional and individual goals and concerns, as well as legal statutes relevant to the college setting (Francis, 2003). Mental health counselors are ethically responsible to uphold the student's best interest during policy and decision-making efforts. In order to create policies in accordance with mental health codes of ethics, it may be important to collaborate with mental health providers when reforming institutional policies.

In relation to confidentiality, when a student is in crisis, only people with a need to know should be informed of the situation at hand. These people are commonly the dean of students, counseling staff, and potentially, the parents of the student. Francis (2003) stated it is best if the

student contacts his/her parents, if able. It is important for institutions to maintain informed consent on such policies at all times. Ultimately, the creation and reformation of policy needs to be reproduced in a student handbook or informational webpage. By doing this, students will be informed about particular procedures regarding a suicide attempt or ideation. The student handbook policies should be frequently reviewed and modified to ensure all students are accurately informed about the particular procedures.

Colleges and universities must also reform and implement policies on suicide prevention on campus. Examining the hindrances at the institution is also vital when reforming and implementing policy. In an editorial by David Lester (2013), he explains there are two primary hindrances to suicide prevention programming in the college setting including: Shortage of staff with proficiency in suicide prevention and shortage of funding for implementation and operation of suicide prevention programs. Additionally, other important contributors to the strain on mental health programming include: Financial limitations, personnel shortage, and time restrictions (Kruisselbrink Flatt, 2013). Ultimately, when assessing, choosing, and implementing campus suicide prevention programming, there are many considerations to take into account.

**Suicide Postvention**

Suicide response, or postvention, is defined as "a series of intentional and therapeutic interventions made to survivors" after a crisis or suicide (Levine, 2008, p. 66). Schwartz (2013) states the aim of postvention initiatives is to "facilitate the grieving process, help stabilize the community, return to order and routine, and limit the risk of further suicides through contagion" (p. 28H). Ideally, the best way to prevent suicide clusters is to do everything possible to prevent the first suicide. The Jed Foundation (2006) describes a two-pronged approach to postvention efforts including endorsing responsible media reporting after a student death, and providing

outreach programs and mental health resources. Outreach should target suicide survivors including, but not limited to students, faculty, staff, and others affected by a suicide or suicide attempt. Furthermore, Levine (2008) proposed a *Suicide Postvention Checklist* (see Appendix B) for an example of a basic plan for campus officials to follow following a suicide. Giving further support postvention efforts, Cimini and Rivero (2013) indicated a "comprehensive, clearly written, and well-executed postsuicide intervention protocol can strengthen a college or university's collective response capacity and forge a path to the best possible outcome" (p. 95).

**The importance of campus response.** As described earlier, media reporting can have a positive or negative effect on suicide contagion (Schwartz, 2016). Carefully crafted media reports stressing positive coping, alternatives to suicide, and highlighting resources can lower rates of suicide in a community. It is important for colleges and universities to proactively plan media reporting within the institution, as well as how to collaborate with media outside of the institution. When it comes to information sharing, university officials need to be consider the desires and sensitivities of the grieving family (Schwartz, 2016). Many families may have religious or culturally-based reticence about opening describing the death as a suicide, and it is important for the university to consider their needs during this time.

Schwartz (2016) also considered how much information to share after the death of a student. Insufficient sharing may make students think the administration is hiding things and this can raise communal anxiety. Excessive sharing might inundate students. In turn, this could raise the risk of identification with the deceased and consequently, increase the chance of suicide contagion or cluster. Campus administration must convey a sense of control and confidence to reassure students and contain possible responses of anxiety and helplessness. Colleges and universities must expertly balance divulging the appropriate information in the right amounts as

to protect the family of the deceased and the community. Due to the numerous factors involved in suicide prevention and response in the college setting, clear protocol and policies are essential.

**Identifying suicide survivors because higher risk.** One of the primary focuses of postvention is to identify and connect with suicide survivors. Levine (2008) discussed the lasting negative effects suicide survivors typically have as well as their heightened risk for contagion. Survivors should be assessed for factors related to heightened risk such as histories of depression, impulsivity, substance use, prior suicidal behaviors, or history of abuse. In the college setting, it is vital survivors be identified and encouraged to participate in any postvention programming. One strategy of identifying survivors is to contact the deceased's family who may provide a list of names of those who may be affected (Streufert, 2004). Another strategy for identifying survivors is to examine Zinner's (1985b) "four levels of survivorship" (as cited in Streufert, 2004, p. 160). In relation to the deceased, primary survivors had a close relationship, secondary survivors had frequent interaction in specific contexts, tertiary survivors had less contact, and quaternary survivors are those who had something in common with the deceased.

It is common for survivors to struggle with the reason why the suicide occurred, or whether anything could have been done to prevent the suicide (AAS, 2014). The suicide of campus or community leaders may intensify the aftermath by leaving survivors to wonder how they should deal with critical struggles and pain if leaders turn to suicide (Levine, 2008). After identification of survivors, the postvention focus should be helping individual members as well as the community adjust. Facilitation of the healing process and decreasing the risk of suicide contagion may be done in several ways, including community support groups for students, faculty, and staff. Many survivors find that the best help and healing comes from support groups for survivors of suicide (AAS, 2014). This is a setting free of judgment or shame which allows

survivors the opportunity to openly share their stories and feelings with fellow survivors. Although survivors may continue to seek group support in the months or years following a loved one's suicide, researchers note the benefits of starting the group support process during postvention efforts.

**Community support groups.** After a student death or crisis situation, it may be more beneficial to go into the campus community instead of waiting for students to come in to the counseling center (Rosen, Greene, Young, & Norris, 2010). As previously discussed, suicide survivors are at an increased risk of suicide themselves and it is important to identify these individuals (Schwartz, 2016). Although postvention may include many interventions, there are two community-based models that have demonstrated effectiveness in the aftermath of a student death or crisis situations. Rosen and colleagues (2010) stated that community members showing support and creating meaning of the event is an important part in the recovery process. This can be strengthened through organized community support programs like the Community Support Meetings and Crisis Counseling Program.

Cornell University began implementing Community Support Meetings (CSM) which are open to faculty, students, and staff after a student death (Meilman & Hall, 2006). Though the format has evolved over time, university staff and faculty have collaborated to produce an easy to follow format for other colleges and universities to reproduce. Depending on the group of community members, the CSM can be conducted with as few as five and as many as eighty participants (Meilman & Hall, 2006). There are typically two to four facilitators depending on size of group. The CSM typically begins by introducing staff and reviewing confidentiality. A campus administrator reports a brief description of death or event with the intent to inform participants and dispel potential rumors (Meilman & Hall, 2006). Facilitators validate the

emotions participants may be feeling and highlight their strength for attending the CSM. Sharing stories about the deceased is the "heart of the process," and encourages participants to laugh, cry, and reminisce (Meilman & Hall, 2006, p. 383). Facilitators may briefly discuss the grieving process emphasizing no right or wrong way to grieve.

Participants are asked to examine any "what ifs" or "if onlys" they may be having about the deceased or event (Meilman & Hall, 2006, p. 383). Community members may lend each other support, and facilitators emphasize that changing the "if onlys" would not likely create a different outcome. Helpful suggestions and worksheets on grief may be provided, and the members are informed of on- and off-campus resources. Student led memorial gatherings may be planned with the help of organizations on campus, such as campus ministry (Meilman & Hall, 2006). After the CSM, facilitators typically stay a few minutes after in case anyone wants to talk individually. The faculty and staff involved in creating the CSMs on campus meet to assess and review each CSM to note any strengths and improvements.

Similar to the CSM model, Rosen and colleagues (2010) promote proactively bringing services to communities after a crisis or disaster. Researchers examined the Crisis Counseling Program (CCP) model which endorses providing services in the community, as opposed to in formal treatment. Using local staff and mental health professionals who use non-stigmatizing language which does not connote "disorder" or "treatment" (Rosen et al., 2010, p. 212). Rosen and colleagues (2010) research examined 36 projects utilizing the CCP model in relation to cultural competence.

Results from the study found that 64% of CCP projects adapted activities to serve particular ethnic or cultural groups. Examples of adaptations include accommodating people who did not speak English, including "culturally sanctioned recovery practices," employing

indigenous counselors, engaging elders, offering diversity-related preparation for staff, and addressing specific needs of clients (Rosen et al., 2010, p. 215). The projects with tailored activities reached significantly more clients than other similar projects. They also found that providing free services removes economic barriers to accessing services. Due to the diverse populations on many college campuses, it is important to be utilizing ethical and multiculturally-sensitive postvention programming. Overall, the results from Rosen and colleagues (2010) tentatively indicate CCP model is generalizable to diverse groups. When using this model, researchers stress the importance of tailoring activities towards specific ethnic or cultural groups, and continually "ensuring equity and cultural suitability of services" (Rosen et al., 2010, p. 219).

## Conclusion

### Findings

Suicide in the college setting is a pressing issue. The purpose of this study was to examine the various strategies of suicide prevention and response, or postvention, to suicide in the college setting. In addition to intervention strategies to implement when students are in crisis, it is imperative for mental health professionals and higher education personnel to implement prevention and postvention efforts as well. The Jed Foundation (2006) developed a comprehensive campus-wide approach for colleges and universities to implement. This model stressed the importance of campus-wide efforts and collaboration across institutional levels.

The central elements of prevention efforts that were examined include: Screening methods, gatekeeper training, and overall policy reform and implementation. Screening tools such as the Interactive Screening Program target at-risk students through a web-based bridging program (Ream, 2015). This screening program increases the likelihood of students to enter treatment, and has been described as integral in comprehensive suicide prevention (AFSP, 2018).

Gatekeeper trainings are valuable in teaching the warning signs of suicide, encourage help-seeking, and increase awareness of available resources (Drum & Denmark, 2012). Trainings with an active learning component, such as Campus Connect, may result in improved crisis response skills and enhanced self-efficacy (Pasco et al., 2012). Other gatekeeper training programs, such as the Kognito program, found a significant increase in self-perceived preparedness measures, the likelihood they would self-refer when feeling psychologically distressed, and high satisfaction with the program (Albright et al., 2013). The Jed Foundation (2006) encourages colleges and universities to proactively develop crisis protocols in a methodical manner. Mental health professional should be consulted in regards to maintaining ethical codes and standards when reforming policies (Francis, 2003).

The central elements of postvention efforts that were examined include: The importance of campus response, identification of suicide survivors, and community support groups. Colleges and universities must expertly balance divulging the appropriate information in the right amounts as to protect the family of the deceased and the campus community. It is important for colleges and universities to proactively plan media reporting in order to avoid potential negative effects of media coverage. One of the primary focuses of postvention is to identify suicide survivors which may be accomplished through various methods. After identification, survivors may be encouraged to participate in any postvention programming. Many survivors find that the best help and healing comes from support groups for survivors of suicide (AAS, 2014). Due to the diverse populations on many college campuses, it is important to be utilizing ethical and multiculturally-sensitive postvention programming (Rosen et al., 2010). Although survivors may continue to seek group support for an extended period of time following a loved one's suicide, research supports starting the group support process during postvention efforts.

**Limitations and Future Implications**

This research aimed to help college counselors and higher education personnel learn more about effective prevention and postvention strategies. Results supported the Jed Foundation Framework, indicating that campus-wide prevention programs can reduce the likelihood of concerns becoming crises (Washburn & Mandrusiak, 2010). Results also suggest collaboration with campus departments and combining resources could be crucial for colleges and universities with limited funding for preventative efforts. Although research indicates there are effective strategies for prevention and postvention, future studies should continue to strive to effectively improve preventative measures for the college setting. The literature on programming for suicide prevention may be broad; however, many programs have not been researched fully to explore overall effectiveness. Continued research to validate the effectiveness of suicide prevention programming is necessary.

## Author's Note

Through my own undergraduate and graduate experience, I have observed and experienced how colleges and universities conduct campus prevention and postvention. I have worked closely with college students in different domains during this time and have seen the positive and negative effects suicide prevention and postvention has had on their collegiate experiences. I decided to choose this area to research because of the perceived deficit in comprehensive practices in higher education. I aspire to be a college counselor in the future, and this research helped me learn elements of prevention and postvention that are important to incorporate in the college setting. This study has shown me the central need for cooperation across institutional levels. Suicide prevention and postvention are not the responsibility of any one department or office; rather the responsibility of the institution as a whole. It is imperative for colleges and universities to not be reactive in the face of crisis; but rather proactive in prevention and strategic in postvention response. It was my hope through this research to make a difference in the way higher education faculty, students, and staff– including myself– practice comprehensive suicide prevention. Colleges and universities are filled with uniquely talented and intelligent individuals who have all come together for a common passion – a commitment to education for ourselves and others. It is time to use our talents and work together to improve campus-wide suicide prevention and postvention in the college setting to build the legacy our institutions strive to create.

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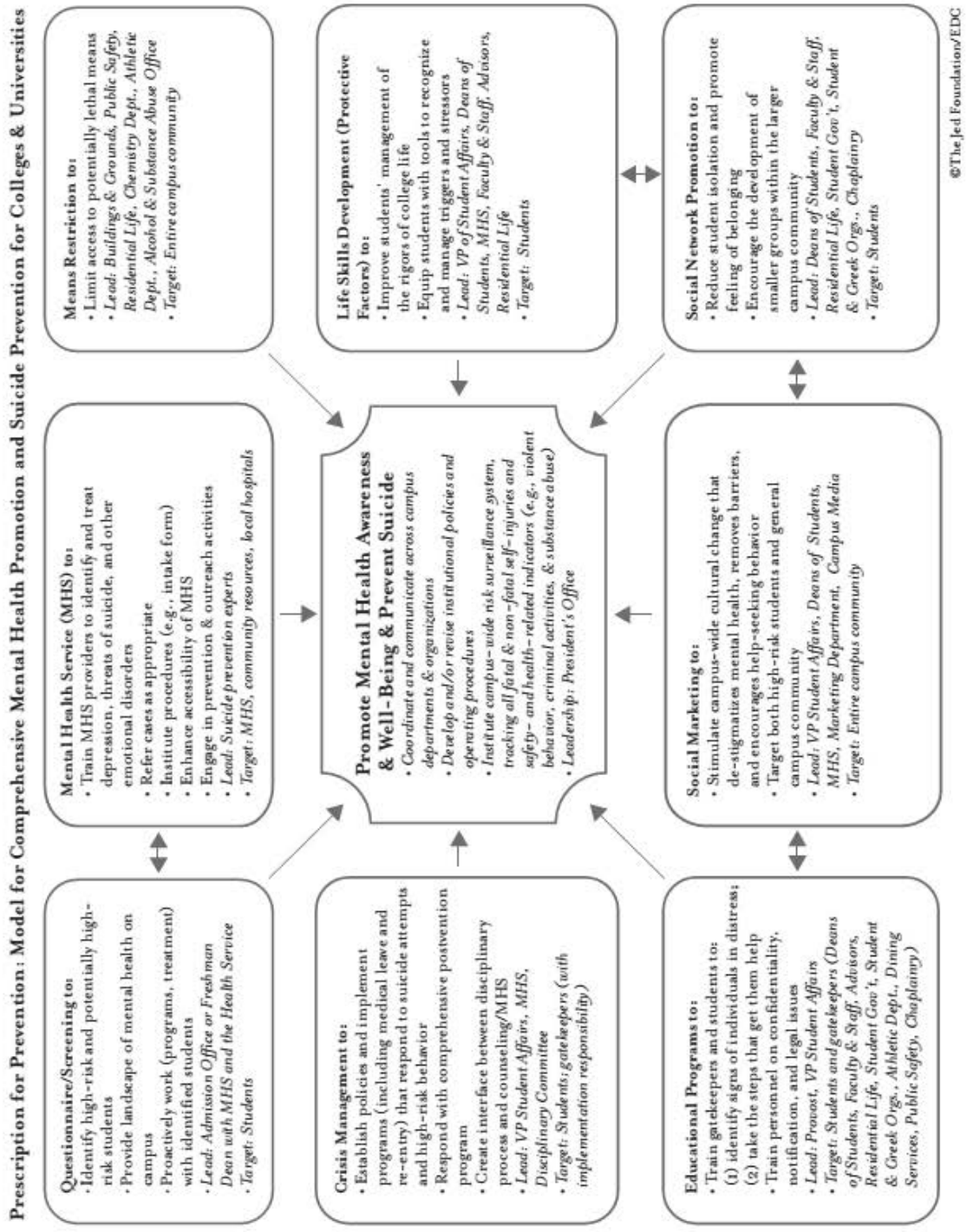
Appendix A




The Jed Foundation *Prescription for Prevention* comprehensive campus framework (The Jed Foundation, 2006).

Appendix B

**Exhibit 6.1. Suicide Postvention Checklist**

__ Notify campus officials
__ Activate death response team or other essential personnel
__ Contact family
  __ Offer condolences
  __ Provide information factually
  __ Offer assistance with arrangements
  __ Follow up
__ Contact police; assist police with filing and processing reports
__ Identify and notify closely affected individuals and groups
  __ Residence hall staff
  __ Roommates and suitemates
  __ Academic adviser
  __ Teammates and organization members
__ Identify and follow up with other individuals known to be at risk
__ Hold one or more defusing sessions within twenty-four hours
__ Hold one or more debriefing sessions within seventy-two hours
__ Contact the media
  __ Provide appropriate, factual information
  __ Share guidelines on minimizing contagion
__ Provide crisis intervention counseling and assessment
__ Assist students with planning appropriate memorial activities
__ Debrief the response team and other caretakers

Suicide Postvention Checklist detailing a plan for campus officials in the aftermath of a suicide (Levine, 2008).