A PHENOMENOLOGICAL STUDY OF SCHOOL COUNSELORS' EXPERIENCES

FOLLOWING STUDENT SUICIDE

by

Suzanne Lea Nichols

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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ABSTRACT

The purpose of this qualitative, hermeneutic, phenomenological study was to describe the lived experiences of school counselors who have been impacted by the death of a student by suicide in the United States. The central question of the study was: How do school counselors describe their experiences following the death of a student by suicide? The three subquestions were: (a) How do school counselors describe their reactions when a student dies by suicide? (b) How do school counselors perceive their professional involvements in postvention activities following a student suicide? (c) How do school counselors cope after the death of a student by suicide? The theory guiding the study was the crisis in context theory, as this theory explained the grief experiences of an unexpected event within the context of the school environment (Myer & Moore, 2006). Data collection consisted of semi-structured interviews, response to online journal prompts, and focus group discussions of 11 school counselors. Data analysis strategies consisted of content analysis procedures, such as coding the data individually, then synthesizing the data through triangulation, and engaging in self-reflection by journaling throughout the process. The data analysis revealed five common themes of the school counselors' lived experiences of the phenomenon. The findings indicated that school counselors exhibited high impact from the student suicide regardless of having a relationship with the student, experienced prolonged grief, and demonstrated problem-focused coping. Recommendations are provided for professional training programs, school counselors, administrators, and clinical mental health professionals, as well as, topics for future research.

Keywords: school counselors, student suicide, school crisis

Dedication

I dedicate this dissertation to all my fellow educators, particularly educators that serve in the field of student support. Our profession is a calling by our Lord to serve students as they grow in all aspects of life. May God continue to strengthen us to be the light in a dark world by "not withholding good…when it is in (our) power to act" (Proverbs 3:27, New International Version). My prayer is that this study will provide information to educate yourselves and administrators when an unfortunate event of a student suicide occurs.

Acknowledgments

Jesus—My desire has been to honor You as a humble servant. Throughout this process, You have brought healing and comfort as Your Word says that You would (Luke 9:11, Matthew 5). I have truly experienced You throughout this journey. I know that You did not forget me nor my sorrow, but have been good to me (Psalm 13).

To my wonderful family, especially my husband Colby, who has always encouraged me to press on, never complaining, and going above and beyond as a father to our two children while I worked to complete the Ed.D. To my children, Canyon and Maysa, for understanding when their mom needed to work on homework and for cheering me on in the little successes along the way. You all are the best.

To J.R., your life impacted my life tremendously. You have been the reason that I set out on this journey. I began the journey broken and confused, sure that I was inadequate in fulfilling my professional responsibilities. But just as God turns mourning into gladness (Jeremiah 31:13), I end this journey with a heart full of grace; having found closure to a once open wound. He is certainly good and faithful.

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List of Abbreviations

American Association of Suicidology (AAS)

American School Counselor Association (ASCA)

Council for Accreditation of Counseling and Related Educational Programs (CACREP)

Garrett Lee Smith Memorial Act (GLS)

CHAPTER ONE: INTRODUCTION

Overview

Chapter One provides an introduction to the phenomenon of youth suicide, the educational initiatives designed to address youth suicide in the schools, and the various effects that result from youth suicide. Following the brief background section reporting on youth suicide statistics, the effects on those exposed to the suicide, and the purpose for the study, a historical and social overview is be presented. The historical section is a review of the legislative actions taken to combat youth suicide in the schools, and the current description of the phenomenon of youth suicide. The social section consists of a brief examination of the impact youth suicide has on society, particularly individuals who have been exposed to the suicide. The next sections of Chapter One provide a summary of the underpinnings that shape the current study. First, crisis in context theory is introduced as the guiding framework for the study (Myer & Moore, 2006). Then my motivation for the study, personal philosophical assumptions, and research paradigm are identified. The final sections of Chapter One provide a condensed overview of the study, including the problem and purpose statements followed a discussion of the significance of the study. The research questions and key definitions for understanding the phenomenon conclude the chapter.

Background

In the average amount of time that it takes to cheer on your local high school basketball team, one child or adolescent has intentionally killed themselves. A youth suicide occurs every 95 minutes (Drapeau & McIntosh, 2016). Suicide is the second leading cause of death in youth between the ages of 10 and 24, with the death toll continuing to rise (Violence Prevention, 2017). The aftermath of suicide leaves many family members and friends grief-ridden and searching for

answers (Bell, Stanley, Mallon, & Manthorpe, 2012; Melhem et al., 2004). In the background of the crisis being experienced by the family and friends are the health care providers who have provided therapeutic services to the deceased, including nurses, psychiatrists, psychologists, and therapists. The health care providers are also experiencing strong emotional responses in addition to professional uncertainty in the wake of a client's death by suicide (Draper, Kõlves, DeLeo, & Snowdon, 2014; Matandela & Matlakala, 2016; Séguin, Bordeleau, Drouin, Castelli-Dransart, & Giasson, 2014; Wurst et al., 2011). Although, much research has been conducted on the impact of clinical and mental health providers serving adults who have died by suicide (Castelli-Dransart, Gutjahr, Gulfi, Kaufmann Didisheim, & Séguin, 2014; Séguin et al., 2014; Wurst et al., 2011), there have been few studies that address the impact of clinical and mental health care providers serving youth, with limited studies describing school counselors' experiences when a student dies from suicide (Christianson & Everall, 2008, 2009). Therefore, the purpose of this phenomenological study is to describe the experiences of school counselors' that have lived through the death of a student by suicide. The following historical section presents a timeline of federal directives that have led to the prevention of and response to youth suicide in schools as well as the need to address youth suicide in the educational setting.

Historical

It was not until the beginning of the 21ˢᵗ Century that the United States initiated national suicide awareness and prevention efforts. Efforts began with the Surgeon General's National Strategy for Suicide Prevention in 2001, which was an extension of the Surgeon General's 1999 Call to Action to Prevent Suicide (Office of the Surgeon General, 2001). The Surgeon General identified government agencies, including schools, as sites to implement suicide awareness and prevention activities and provide support to individuals impacted by suicide (Office of the

Surgeon General, 2001). Since then, various federal initiatives have continued to advance the anti-suicide agenda in schools. In 2003, the President's New Freedom Commission on Mental Health was created to review and integrate existing mental health programs (President's New Freedom Commission on Mental Health, 2003). As an outcome of the 2003 Commission on Mental Health, an initiative began to educate school staff about student mental health concerns and potential treatment options (President's New Freedom Commission on Mental Health, 2003). A year later, in 2004, the Garrett Lee Smith Memorial Act provided grant funding for youth suicide prevention activities (Garrett Lee Smith Memorial Act, 2004). Then in 2010, President Obama's Patient Protection and Affordable Care Act, identified school counselors as "qualified health professionals" (Patient Protection and Affordable Care Act, 2010, § 5203, 124 Stat. 608 Child and Adolescent Mental and Behavioral Health) to support students' mental health needs. Finally, in 2012, the Revised Surgeon General's National Strategy for Suicide Prevention was enacted. The 2012 Revised Strategy strengthened the original 2001 goals for suicide prevention and awareness, in addition to providing support services to individuals impacted by suicide (Office of the Surgeon General & National Action Alliance for Suicide Prevention, 2012).

While the national youth suicide prevention efforts intended to produce an overall decline in youth suicidal behaviors, the results are dismal. Historically, there has been no change in reported youth suicide attempts (Adolescent and School Health, 2016a) and despite preventive efforts, there has been an increase in suicidal thoughts, plans, and deaths since 2000 (Dilillo et al., 2015; Logan, Yershova, & Mandzhiyev, 2016; Trigylidas, Reynolds, Teshome, Dykstra, & Lichenstein, 2016; Adolescent and School Health, 2016a). Multiple risk factors contribute to the youth suicide rate, including previous suicidal attempts (Bostwick, Pabbati, Geske, & McKean,

2016), exposure to a suicide (Nanayakkara, Misch, Chang, & Henry, 2013), poor emotional regulation (Pisani et al., 2013), low self-esteem (Brausch & Decker, 2014), weak relationships with peers and trusted adults (Brausch & Decker, 2014; Litwiller & Brausch, 2013; Pisani et al., 2013), as well as, clinical diagnoses of major depressive disorder, intermittent explosive disorder, conduct disorder, or substance abuse (Nock et al., 2013). When a youth dies from suicide, a ripple effect of loss ensues that affects society, organizations, and individuals.

Social

The national impact of youth suicide is tremendous and ongoing. The medical care and the loss of potential salaries for youth suicide were estimated to be 3.8 million dollars in 2013 (Shepard, Gurewich, Lwin, Reed, & Silverman, 2016), not to mention the federal funding for prevention, training, and support provided to survivors. Nonetheless, the premature death of a young person by suicide cannot be measured in monetary value. One life lost to suicide is a life full of potential that has vanished. In 2014, the life expectancy for individuals living in the United States was 78.8 years. In 2015, there were 2,470 youth suicides in the United States resulting in an estimated of 147,706 years of potential life that never lived (Drapeau & McIntosh, 2016; Kochanek, Murphy, Xu, & Tejada-Vera, 2016). Years of life that did not contribute to society. A society that missed the benefits of their gifts and talents as well as the potential fulfillment of a relationship. Berman (2011) estimated 118 individuals are directly affected each time that one youth dies by suicide, including family, friends, and classmates. The survivors of those that have died by suicide have reported significant levels of psychological symptoms, such as sadness, depression, guilt, and anxiety that impair daily functioning (McMenamy, Jordan, & Mitchell, 2008). Still, Berman's (2011) estimates did not include the mental health care professionals who had worked with the at-risk youth.

Research on the reactions of various clinical and mental health care professionals working with adults who have died by suicide have reported emotional responses, such as guilt, shock, helplessness, sadness, anger, and anxiety (Bell et al., 2012; Draper et al., 2014). Cognitive distortions have also been reported, such as flashbacks, nightmares, thought evasion or invasion of the suicide, and a heightened awareness of suicidal symptoms in others (Castelli-Dransart et al., 2014). Behavioral reactions have impacted professionals' careers. Providers have experienced professional insecurity, reduction in workload (Draper et al., 2014), blame and condemnation from family members of the deceased (Matandela & Matlakala, 2016), and fear of being fired or sued (Matandela & Matlakala, 2016; Wurst et al., 2011). Christianson and Everall (2008, 2009) found similar reactions from Canadian school counselors who have experienced the death of a student by suicide, including frustration, anger, repressed feelings, loss of competence, fear of litigation, and accusations from the deceased's family.

Many mental health care professionals have coped with a client's suicide by seeking social supports from family, friends, and co-workers, engaging in professional consultation, participating in physical activity, and pursuing spirituality (Christianson & Everall, 2009; Séguin et al.,, 2014). However, others reported a need for more support within their places of employment to recover from a client's suicide (Takahashi et al., 2011). While studies have reported on the personal and professional impact and coping strategies of clinical mental health care workers, a gap in literature exists in describing the personal and professional impact and recovery process of school counselors. School counselors are unique to the clinical mental health care profession. School counselors are actively engaged in providing postvention activities to the grieving students and staff within the school system after a student dies from suicide, whereas clinical mental health care professionals do not provide large-scale support. In order to

adequately describe the experiences of school counselors who have been affected by a student suicide, crisis in context theory (Myer & Moore, 2006) was used as the guiding framework for the study.

Theoretical

When an unexpected event, or crisis, occurs at school, the school counselor's role is to provide direct or indirect services to students and other school members that have been impacted by the crisis (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2014). Depending upon the level of impact of the crisis, many individuals have the potential to be impacted at once. Myer and Moore's (2006) crisis in context theory asserted that a reciprocal interaction exists between the individual and system in which the crisis occurs. The reciprocal interaction will influence the individuals' perceptions and meaning of the crisis. The degree of impact that the crisis will generate is determined by (a) the amount of closeness that the individual and system had with the deceased, (b) the intensity and duration of the surviving individuals' reactions, (c) the relationships between the surviving individuals, (d) the amount of interruption that the crisis produced, and (e) the amount of time that has elapsed since the crisis (Myer & Moore, 2006).

In this study of describing school counselors' experiences following a student suicide, the school counselor is the individual and the school is the system. The student suicide can impact the school counselor as well as other members of the school system. The student suicide becomes a shared experience among the survivors. Various factors will influence the amount of impact that the school counselor and the school system experienced as a result of the student suicide. The shared experience and related factors will shape the school counselors' perceptions and meaning of the crisis. As a school mental health provider who experienced the death of a

student by suicide, I have felt the loss personally and professionally while serving in my professional role.

Situation to Self

My motivation to conduct a study describing the experiences of school counselors following a suicide is from my professional experience of losing a student by suicide. The death occurred when I had been employed for a decade as a school psychologist, servicing multiple schools in a rural area. When the suicide occurred, I had been engaged in a therapeutic relationship with the student for approximately a year. The personal and professional impact included intense emotional reactions that were subdued while providing postvention services to the grieving school community. The experience altered my professional role and forced me to achieve personal recovery. In addition to my professional experience with the phenomenon, I also bring with me philosophical assumptions and a framework for research that influenced the interpretation of the data.

I have approached this qualitative study with three philosophical assumptions. First, the ontological assumption allowed me to narrate school counselors' various descriptions of their personal stories following the death of a student by suicide in order to depict the real life experiences of all the participants. The multiple experiences were interpreted into meaningful themes of the school counselors' collective experiences (Creswell, 2013). Secondly, the epistemological assumption was achieved by personally interviewing school counselors who have experienced the death of a student by suicide within the school counselors' work environments. I became familiar with their situations and heard their stories first-hand. Third, I achieved my axiological assumption through the transparent reporting and interpretation of the

participants' stories, acknowledging that my own values were portrayed within the interpretations (Creswell, 2013; van Manen, 1997).

Interpretations of the findings were guided by the social constructivism framework. Social constructivism is based on the premise that individuals interpret their own meanings of the lived experience based upon how each participant has personally constructed the reality of the experience (Creswell, 2013). The participants' realities are influenced by their own unique backgrounds and cultural perspectives (Patton, 2015). In light of the social constructivist framework, each participant was expected to view his or her experiences differently from other participants based upon his or her own perspective of the world (Patton, 2015).

In conclusion, my motivation for conducting a study describing the experiences of school counselors who have experienced the death of a student by suicide is due to my professional experience with the phenomenon as a school psychologist. I recognized and portrayed my own biases when interpreting the findings based upon the three philosophical assumptions and the social constructive framework for interpretation. After gathering information from the participants first hand, I utilized inductive reasoning to direct the interpretation of the phenomenon. I acknowledged that participants perceive reality through their own biases and cultures, and those diverse realities also generate collective experiences. The collective experiences that are represented by the participants addressed the current problem in youth suicide research.

Problem Statement

School counselors are regarded as educational leaders and "qualified health professionals" who serve students directly and indirectly to promote student success and well-being (American School Counselor Association [ASCA], 2017; DeKruyf, Auger, & Trice-Black,

2013; Patient Protection and Affordable Care Act, 2010, § 5203, 124 Stat. 608, Child and Adolescent Mental and Behavioral Health) One of the school counselor's roles is to coordinate and execute crisis management activities within the school environment, including suicide prevention, preparedness, response, and recovery (Fineran, 2012; Suicide Prevention Resource Center, 2011). School counselors provide recovery directly to students, and indirectly to staff and other stakeholders in the school environment. Research has focused on the reactions of multiple individuals impacted by a suicide, including parents, teachers, classmates, and clinical mental health care providers (Bell et al., 2012; Castelli-Dransart et al., 2014; Draper et al., 2014; Jellinek & Okoli, 2012; Kennedy-Paine, Reeves, & Brock, 2013; Matandela & Matlakala, 2016; Wurst et al., 2011). However, the current research is deficient in describing school counselors' experiences following the death of a student by suicide. School counselors are unique from clinical health care providers in that school counselors provide support and recovery services for the school community while also being a member of the community. The school counselor can be impacted personally and professionally due to the proximity of the crisis or relationship with the deceased, the relationship the school counselor has with members of the school community, and the amount of role change that is experienced as the school environment shifts from academics and athletics to a social-emotional environment (McGee, 2017). Therefore, the problem was that there was no voice given to school counselors describing their lived experiences following the death of a student by suicide in the United States.

Purpose Statement

The target population for this study was certified and/or licensed school counselors who were employed in a public or private PreK-12th grade school setting when a death of a student by suicide occurred. The purpose of this hermeneutic phenomenological study was to describe

the experiences of school counselors following the suicide of a student. School counselors who have been exposed, affected, or bereaved by a student suicide were defined as professionals that lived through the aftermath of a student suicide while working as an active school counselor (Cerel, McIntosh, NeiMyer, Maple, & Marshall, 2014). Crisis in context theory, as it relates to the degree of impact experienced by school counselors within the context of the school setting, guided the study (Myer & Moore, 2006). This study of describing school counselors who have lived through the experience of a student death by suicide was significant to study for a variety of empirical, theoretical, and practical reasons.

Significance of the Study

The study of describing school counselors' experiences following the death of a student by suicide provided empirical significance to the research on suicide survivors, theoretical significance to crisis in context theory, and practical significance to the field of education and mental health. Empirically, the study added to suicide survivor research. Suicide survivors and survivors from other sudden deaths have been found to experience different reactions and longer recovery time than survivors from natural or anticipated deaths (Bell et al., 2012; Kristensen, Weisaeth, & Heir, 2012; Schneider, Grebner, Schnable, & Georgi, 2011). Health care providers and therapists who have experienced the aftermath of an adult client suicide have been the focus of previous research (Bell et al., 2012; Séguin et al., 2014). Health care providers experience many emotional, cognitive, and behavioral reactions that impact them personally and professionally after a client's death by suicide (Bell et al., 2012; Castelli-Dransart et al., 2014; Draper et al., 2014). Many mental health care professionals have coped with a client's suicide by seeking social supports from family, friends, and co-workers, engaging in professional consultation, participating in physical activity, and pursuing spirituality (Christianson & Everall,

2009; Séguin et al., 2014). In contrast to clinical health care providers, school counselors are actively engaged in providing response and recovery activities to the grieving students and staff within the school system after a student dies from suicide. The school counselor's distinctive position within the school community, as well as the limited research of school counselors' experiences following the death of a student by suicide, made this topic significant to study (Christianson & Everall, 2008, 2009). Insomuch that school counselors are a member of the school community, the study also provided theoretical significance through the lens of crisis in context theory (Myer & Moore, 2006).

The crisis in context theory (Myer & Moore, 2006), suggests that a reciprocal effect occurs between the impacted individual and the system that has experienced a crisis event. The reciprocal interactions influence the impacted individual's perception and meaning of the crisis (Myer & Moore, 2006). Several reciprocity factors exist that contribute to the amount of impact that the crisis produced, including the individuals' and systems' actual and perceived proximity to the deceased, the reactions of those impacted, the interactive relationships within the system after the suicide, the amount of personal and systematic change that the crisis produced, and the amount of time since the crisis was experienced.

The reciprocity factors from crisis in context theory (Myer & Moore, 2006) are supported by previous research of those impacted by suicide. The more perceived or actual physical or emotional closeness that one has with the deceased or with the system, the more impact that the individual or system will likely experience (Berman, 2011; Castelli-Dransart, Heeb, Gulfi, & Gutjahr, 2015; Cerel et al., 2014). Individuals experiencing the death of a student by suicide within the school community can react in a variety of ways. For example, students often experience emotional distress and self-question their failure to recognize suicidal behavior in the

student (Jellinek & Okoli, 2012; Kennedy-Paine et al., 2013). The school staff, including the school counselor, may need to support students by providing time to process the death according to their developmental levels. Some students will require more intensive mental health support to manage the crisis (Jullinek & Okoli, 2012). Another group indirectly involved in the school community are parents. Parents of surviving students are faced with educating their distressed children about the realities of suicide while attempting to calm their children's fears of an uncertain world as well as their own (Jellinek & Okoli, 2012). Likewise, teachers and other staff members often feel guilty for failing to recognize the student's distress and will commonly cope through social networking and deliberate problem solving (Cole, Hayes, Jones, & Shah, 2013; Jellinek & Okoli, 2012; Kennedy-Paine et al., 2013). School counselors have also experienced reactions, such as frustration, anger, repressed feelings, loss of competence, fear of litigation, and accusations from the deceased family (Christianson & Everall, 2008, 2009). The reactions of the individuals within the school community generate a collective experience of all those who have been impacted by the suicide. The shared experience can influence the individuals' perspectives and meaning of the death.

In addition to reactions stemming from the amount of closeness the survivors had with the deceased and the reciprocal interplay between individual and other members of the system, crisis in context theory proposes that the amount of impact is also influenced by the amount of disruption the crisis produces in daily life, with the disruptions being less evident as time passes. In a crisis situation, school routines are temporarily interrupted to provide postvention activities, such as crisis response and recovery. Building-level administrators, teachers, and school counselors assume various crisis management responsibilities in response to a student suicide. Building-level administrators are encouraged to lead crisis teams, disseminate appropriate

information, create a school atmosphere for remembering and grieving, and act as a liaison between the school, district office, and the deceased student's family (Garran, 2013). In working with the family, building-level administrators are focused on offering condolences to the family and honoring the family's wishes in the dissemination of information, as well as postvention activities to help students grieve and remember (Garran, 2013). Some activities of the building-level administrators' overlap with school counselors' duties in crisis response and recovery efforts.

School counselors are often responsible for initiating and implementing the crisis plan, which includes disseminating information about the death, debriefing staff members, providing counseling, requesting additional counseling, arranging for funeral attendance, establishing memorials, and providing ongoing monitoring of students and staff (Cox et al., 2016; Fineran, 2012; Suicide Prevention Resource Center, 2011). Postvention activities are designed to promote individual and system normality as quickly as possible. Over time, the acute crisis subsides, adjustments are made and the individual and system accommodates to the new life without the deceased (Hirschowitz, 1973; Lindemann, 1944; Liou, 2015) with the exception of special events or the anniversary of the death that may shortly intensify the loss once more (Myer & Moore, 2006). In summary, this study supported the theoretical framework of crisis in context theory (Myer & Moore, 2006) as school counselors described their experiences following a death of a student by suicide within the school community. Data were gathered by focusing on personal stories of school counselors' experiences related to proximity with the deceased, the individual and collective reactions of those impacted by the suicide, the amount of personal and systematic disruption the crisis produced, and the amount of time that has passed since the suicide. The data gathered from school counselors living through a death of a student by suicide and interpreted

through the lens of crisis in context theory (Myer & Moore, 2006) generated practical significance to the fields of education and mental health.

Practical implications can be beneficial inside and outside of the school environment. There are three groups that benefit from this study within the school environment: school counselors, school administrators, and school crisis teams. The first benefit of studying school counselors as individuals impacted by student suicide is that it can inform current and future school counselors of the common personal and professional after effects following a student suicide and provide suggestions to assist in personal self-care and professional recovery (Fineran, 2012). The information can be provided to school counselors in professional development trainings and within the higher education curriculum when training school counselors. The knowledge and skills gained from the study could potentially prevent psychological distress and professional burnout (Thompson, Frick, & Trice-Black, 2011; Wardle & Mayorga, 2016).

Studying school counselors as individuals impacted by suicide is also beneficial to district-level and building administrators. Administrators who are aware of their own needs as well as the needs of their employees are better prepared to provide necessary supports in times of a crisis to obtain a positive outcome for all stakeholders (Cole et al., 2013; Sutherland, 2017; Yamamoto, Gardiner, & Tenuto, 2014). Administrators should be aware that school mental health personnel will often experience a delay in their own personal reactions due to helping others within the school community first (Crepeau-Hobson & Kanan, 2013). The awareness of the delayed response will assist administrators in recognizing the emotional state of the school counselor, to offer mental health support, and vary work tasks to reduce the amount of emotional stress (Crepeau-Hobson & Kanan, 2013).

Finally, the results of the study can provide practical assistance to school crisis teams. The knowledge of the reciprocal impact of a suicide crisis within the school environment between school counselors and the school community will assist in determining the amount of administrative and mental health support needed for the school community. Although the closer the relationship the school counselor had with the deceased student, the more impact the suicide is likely to have, (Berman, 2011; Castelli-Dransart et al., 2015; Cerel et al., 2014), the school counselor will also be influenced by the atmosphere in the school in addition to maintaining the professional role of assisting in the response of the systematic crisis. The results of this study can provide information to school crisis teams on the reciprocal dynamics of the school environment during crises as well as recognizing the teams' need for self-care and post-traumatic growth in the coping processes (Quevillon, Gray, Erickson, Gonzalez, & Jacobs, 2016).

In addition to providing practical significance to individuals within the school environment, this study can also provide practical significance to mental health providers serving outside of the school environment. Clinical mental health providers can be better able to assist individuals impacted by suicide that seek professional counseling. A significant amount of individuals impacted by suicide who sought formal counseling found that counseling was helpful in their recovery (McMenamy et al., 2008). Clinical practitioners who deliver counseling services to school counselors, teachers, and other school members after the student suicide will find practical significance in learning about the experiences of a student suicide within the school setting in order to assist the impacted individuals in the recovery process.

In conclusion, studying the experiences of school counselors who have experienced the death of a student by suicide provided empirical, theoretical, and practical significance to the field of suicidology, education, and mental health. The study provided an account of school

counselors' individual experiences after the death of a student by suicide, thus adding to the research on suicide survivorship. After collecting information from school counselors' experiences first-hand, the information was examined through the context in crisis theory (Myer & Moore, 2006) that portrayed the reciprocal interaction that the crisis event produced between the school counselor and the school community. Theoretical content highlighted the counselor's and school community's closeness to the deceased, emotional, cognitive, and behavioral reactions, amount of personal and systematic change experienced, and length of time since the death. Finally, the study assisted in providing practical significance to the field of education, specifically to school counselors, school administrators, and school crisis management teams, in addition to the field of mental health. The significance generated from the study was based upon answering the following research questions.

Research Questions

The current study focused on the experiences of school counselors who have lived through the death of a student by suicide. Through this study I interpreted the common lived experiences using a hermeneutic phenomenological research design guided by the theoretical framework of crisis in context theory to better understand the impact of the student suicide on school counselors within the school environment (Myer & Moore, 2006). Data were collected directly from the school counselors' who have experienced the suicide of a student to address the following central research question and associated guiding questions (Creswell, 2013).

Central Research Question

The central research question is an all-encompassing question that a researcher endeavors to answer through the study (Creswell, 2013). The purpose of the central research question in this study was to help me make meaning of the lived experiences of school counselors who have

been exposed to the suicide of a student. Specifically, the central research question for this study is: How do school counselors describe their experiences following the death of a student by suicide? Families, friends, and multiple health care providers have reported a variety of emotional reactions and professional insecurities in the aftermath of a child, peer, or client suicide (Bell et al., 2012; Castelli-Dransart et al., 2014). Coping strategies have also been explored (Figueroa & Dalack, 2013; James, 2005; Lerner, Brooks, McNeil, Cramer, & Haller, 2012). However, limited studies have been conducted describing the impact and coping strategies of school counselors following the death of a student by suicide (Christianson & Everall, 2008, 2009). Therefore, the central question was aimed at describing the impact and coping strategies of school counselors following the death of a student by suicide while also providing crisis intervention within the school environment. The following three subquestions guided in answering the central research question.

Guiding Question One

The first guiding question was: How do school counselors describe their reactions when a student dies by suicide? In this study, school counselors were requested to describe their emotional, cognitive, and behavioral reactions after a student suicide through the theoretical framework provided by crisis in context theory (Myer & Moore, 2006). The counselors' answers to this question helped to describe the school counselors personal reactions following a student suicide. Personal reactions have previously been studied with other mental health professionals and Canadian school counselors following the suicide of a client or patient (Castelli-Dransart et al., 2014; Castelli-Dransart et al., 2015; Christianson & Everall, 2008, 2009; Séguin et al., 2014; Takahashi et al., 2011; Wurst et al., 2011).

Guiding Question Two

The second guiding question was: How do school counselors perceive their professional involvements in postvention activities following a student suicide? The purpose of this question was to obtain a description of the school counselors' postvention crisis experiences after the death of a student by suicide. Describing postvention activities assisted in gathering information about the amount of impact that was experienced by individuals within the system that can also influence the impact experienced by the school counselor (Myer & Moore, 2006). Previous research has identified that situational factors and level of social support are predictive of recovery outcomes (Bell et al., 2012; Kristensen, Heir, Herlofsen, Langsrud, & Weisaeth, 2012; Schneider et al., 2011; Wilson, MacLeod, & Houtteker, 2015).

Guiding Question Three

The third guiding question was: How do school counselors' cope after the death of a student by suicide? The final question was designed to learn about the strategies that school counselors engaged in to recover from the suicide of a student. In this study, the definition of coping was defined as "processes used by the mind (or body) to deal with stressful demands" (Lazarus, 1993, p. 4). Coping strategies of various individuals affected by suicide have been explored, including students, staff members, administration, family, friends, and clinical mental health care providers (Figueroa & Dalack, 2013; Lerner et al., 2012; Rycroft, 2005, Séguin et al., 2014).

The purpose of question three was to identify the means by which school counselors have personally adjusted to the suicide throughout time (Myer & Moore, 2006). By identifying school counselors' recovery processes, necessary supports can be available to school counselors after being exposed to a student suicide and to add to the research indicating that more support is

needed for individuals in the workplace (Figueroa & Dalack, 2013; Lerner et al., 2012; Takahashi et al., 2011). The following definitions are beneficial in understanding the terminology of suicide research.

Definitions

1. *Acute grief* - A "normal reaction to a distressing event" (Lindemann, 1944, p. 141).

2. *Affected by suicide* - individuals who had a closer relationship with the deceased than the exposed individuals, and experience either short- or long-term bereavement (Cerel et al., 2014).

3. *Bereavement* - abrupt termination of a social interaction (Lindemann, 1944).

4. *Coping* - "processes used by the mind (or body) to deal with stressful demands" (Lazarus, 1993, p. 4).

5. *Exposed to suicide* - individuals who did not have a social relationship with the deceased and do not experience long-term psychological distress following the suicide (Cerel et al., 2014).

6. *Postvention* - services to assist suicide survivors following the suicide (Shneidman, 1969).

7. *Suicide* - Deliberate self-directed behavior with an intent to die resulting in death (Violence Prevention, 2016)

8. *Suicide attempt* - deliberate self-directed behavior with intent to die, but is non-fatal (Violence Prevention, 2016).

9. *Suicide bereaved, short-term* - individuals affected by a suicide and experiencing acute distress (Cerel et al., 2014).

10. *Suicide bereaved long-term* or s*uicide survivor* - individuals experiencing long term

bereavement as a result of experiencing the suicide of another person regardless of the

social relationship (Cerel et al., 2014; Jordan & McIntosh, 2011).

11. *Suicidology* - the study of suicide (Shneidman, 1976).

Summary

The prevention and assessment of youth suicide has been a focus within schools since the

21st century. In spite of the prevention efforts, youth suicide is the second leading cause of death

in youth ages 10-24 (Violence Prevention, 2017). Over 100 individuals are directly impacted by

every suicide death of a youth, including family, friends, classmates, and health care

professionals (Berman, 2011). The individuals that have been impacted by a suicide have

reported significant levels of psychological symptoms such as, sadness, depression, guilt,

flashbacks, and avoidance that impair daily functioning (McMenamy et al., 2008). There has

been research on the reactions of various clinical and mental health care professionals working

with adults that have been impacted by suicide (Bell et al., 2012; Castelli-Dransart et al., 2014;

Draper et al., 2014; Matandela & Matlakala, 2016; Wurst et al., 2011). However, the problem is

that there has been no voice given to school counselors describing their lived experiences

following the death of a student by suicide in the United States.

The purpose of this hermeneutic phenomenological study was to describe the experiences

of school counselors following the death of a student by suicide. Crisis in context theory (Myer

& Moore, 2006) was selected to describe the experiences of school counselors within the context

of school. My motivation for the study is a result of a professional experience with a student

suicide. The research questions were designed to encourage school counselors to describe their

reactions to a student suicide, their professional involvements following a student suicide, and

personal coping strategies. Personal stories from school counselors were gathered first hand to identify themes of collective experiences with the understanding that each school counselor perceived his or her own experience uniquely. The study added empirical significance to the research on suicide survivors, theoretical significance to crisis in context theory, and practical significance to the field of education and mental health.

CHAPTER TWO: LITERATURE REVIEW

Overview

Chapter Two contains a review of the theoretical framework for this study and associated literature on youth suicide. The theoretical framework is presented first in Chapter Two. The theoretical framework will begin by introducing the origins of the crisis in context theory which has been identified as the framework that guided the study (Myer & Moore, 2006). The foundational theories include the theories of grief and crisis. Crisis in context theory (Myer & Moore, 2006) will then be thoroughly described. The related literature will offer an extensive background of suicide, including historical and contemporary perspectives, the prevalence, risk and protective factors of youth suicide, the role of the schools in suicide crisis management, the evolving role of the school counselor as current mental health providers,; and finally, a review of literature on suicide survivors.

Theoretical Framework

The theoretical framework provided the foundation upon which to build the study, and provided a basis for the purpose of the study and insight into the interpretation of the findings. The theoretical framework of school counselors who have experienced a student suicide is based upon the grief and crisis theories. The theoretical framework originated in 1944 when Erich Lindemann identified the reactions of individuals experiencing grief as a result of unexpected deaths.

Grief

Lindemann (1944) became interested in researching the psychological symptoms associated with personal grief due to the increase of anguished individuals who had experienced the death of a loved one as a causality of World War II. Lindemann (1944) interviewed family

members who were surviving unexpected deaths of relatives, including deaths that occurred in hospitals, active military service, or natural disasters. Lindemann (1944) characterized personal grief reactions as being either normal or morbid. A "normal reaction to a distressing event" was termed acute grief (Lindemann, 1944, p. 141). Acute grief occurred immediately upon receiving the death notification of a loved one and involved a process of disengaging from the deceased, adapting, and developing new relationships. Morbid grief, on the other hand, was characterized by a delayed grief reaction often due to maladaptive cognitive and emotional behaviors. Maladaptive behaviors could include the urgent need to complete minor or insignificant tasks, hostility, social isolation, and other symptoms that are prone to developing mental and/or physical illness (Lindemann, 1944). Ralph Hirschowitz (1973) continued to develop Lindemann's (1944) work on acute grief by identifying a progression of cognitive and emotional reactions that were typically experienced by individuals post-crisis. Hirschowitz's (1973) theory was known as crisis theory.

Crisis Theory

According to Hirschowitz (1973), a crisis "is regarded as a state of temporary disequilibrium, precipitated by inescapable life change events" (p. 33). Crises were defined as a "temporary" "disruption" to routine (Hirschowitz, 1973, p. 33). Hirschowitz's definition of a crisis has its roots in the work of Holmes and Rahe (1967). Holmes and Rahe (1967) rated changes to life on a numerical scale according to the amount of disruption the event produced in one's daily routine. Examples of life changes that were deemed to be a lesser disruption to one's life included holidays, job or school transfers, and change in social activities. Moderate disruptions included financial difficulties, alterations in job responsibilities, and changes in

family dynamics due to natural transitions. Major disruptions involved relationships, such as, marriage, divorce, and death of a spouse or close family member.

After studying Lindeman (1944) and Holmes and Rahe (1967), Hirschowitz (1973) proposed a sequence of four stages that individuals experience post-crisis. Hirschowitz's (1973) first phase was the impact phase, occurring within the first few hours after being informed of the event. The impact phase included the person experiencing disorientation and distractibility while reminiscing about life with the deceased. The impact phase could be compared to Lindemann's (1944) concept of acute grief. Hirschowitz's (1973) second phase was the recoil-turmoil phase. The recoil-turmoil phase occurred within the first few days following the event. In the second phase, the individual experienced anger, anxiousness, depression, guilt and confusion as a result of an environment without the deceased. Hirschowitz's (1973) second phase was similar to Lindemann's (1944) detachment phase.

The third phase of crisis theory occurred within the following weeks of the event. The third phase was the adjustment phase. The adjustment phase was evident by the individual exploring solutions and adjusting to a life without the deceased. Lindemann (1944) characterized the adjustment phases as adapting. The fourth and final phase of crisis theory was the reconstruction period that occurred months after the event. The reconstruction period was when the individual found hope and re-attached to others. Lindemann (1944) recognized the reconstruction period as a time to create new relationships. Lindemann (1944) and Hirschowitz (1973) focused on the process of personal reactions following a crisis; however, other theorists have suggested that an individual's reaction is also influenced by the broader environment in which the individual exists, known as the ecological model.

Crisis in Context Theory

Myer and Moore's (2006) crisis in context theory asserted that a reciprocal relationship existed between an individual and his or her environment, including proximity, personal influences, and reactions. Crisis in context theory (Myer & Moore, 2006) is based on three principles. The first principle is that the individual's proximity to and reactions to the crisis influence the degree of impact that the crisis will produce within the individual and environment. Physical proximity, or the closer the individual and those in the system are to the crisis, the more impact the crisis will have. Furthermore, the emotional, behavioral, and cognitive reactions of all of those impacted by the crisis will influence the perception that the individual has of the crisis and the meaning that is attached to the crisis.

The second principle is that a reciprocal effect occurs among the individuals within the system that are impacted by the crisis. The reciprocal effect occurs by relational interactions of key and ancillary individuals who are impacted by the crisis, as well as the degree of change that the individuals and system experiences due to the crisis. Myer and Moore (2006) emphasized that "all relationships, to varying degrees, influence the overall impact of a crisis" (p. 142). Furthermore, the more change that an individual or system experiences post-crisis, such as disruption in daily routines, the higher the impact.

The third and final principle entails the factor of time, specifically the amount of time that has passed since the crisis. Myer and Moore (2006) suggested that the more time that has passed since the crisis, the less impact the crisis has on the individuals and the environment. The passage of time allows the individual and system to stabilize. Time also involves dates of remembrances. Dates of remembrances, which can be the anniversary of the crisis or holidays, are times when the individual or system will reflect on the changes that the crisis produced. The

changes can be positive or negative. Interpreting the crisis to have produced positive changes can results in an optimistic view of the experience. However, if interpreting the crisis to have resulted in negative changes, problematic behavior can ensue (Myer & Moore, 2006). Overall, according to Myer and Moore (2006), the amount of impact that occurs from a crisis depends upon proximity, reaction, relationships, and change over time.

In summary, the theoretical foundation of personal and systematic crisis has evolved through the unfortunate experiences of crises that resulted in the often unexpected death of loved ones. Grief research began with the investigation of relatives who experienced the death of a soldier in World War II and has continued to develop through the study of survivors of modern-day crises, specifically the terrorist attacks of the World Trade Center in 2001 (Lindemann, 1944; Myer & Moore, 2006). Suicide is a crisis event. A suicide is a significant life-changing event that disrupts routine (Hirschowitz, 1973; Holmes & Rahe, 1967). Individuals react to crisis events by a process of immediate disorientation, detachment from the deceased, adjustment to life without the deceased, to finally creating new relationships (Hirschowitz, 1973; Lindemann, 1944). Suicide does not exclusively affect separate entities of individuals, but impacts individuals collectively as well, including groups of individuals within organizations (Myer & Moore, 2006). The amount of impact that the crisis produces is influenced by the degree of proximity that the system or individual had with the deceased, a concept also found in suicide survivor research (Cerel et al., 2014; Myer & Moore, 2006). Impact is also influenced by personal and collective emotional, behavioral, and cognitive reactions of the crisis, degree of change within the environment, and passage of time (Myer & Moore, 2006).

In considering crisis in context theory as the framework for the this study of describing school counselors' experiences following the death of a student by suicide, the unexpected death

of the student by suicide is the crisis and the school is the context that has been impacted by the event. The deceased student was part of the school (context) and impact of the death was experienced by various groups of individuals throughout the school. When a system is impacted, such as a school, subsystems can be affected, such as different departments within the school, as well as various stakeholders (McMahon, Mason, Daluga-Guenther, & Ruiz, 2014). To further assist in understanding suicide and the impact of the aftermath of suicide, a review of literature follows that identifies the historical and contemporary perspectives of suicide, the prevalence and risk factors of youth suicide, the role of the schools and school counselor in preventing and responding to youth suicide, as well as the continuum and characteristics of individuals who have been impacted after a suicide.

Related Literature

Suicide is defined as a purposeful, self-destructive act conducted with the intent to die and resulting in death (Shneidman, 1976; Violence Prevention, 2016). Suicide is often unexpected and consists of a violent method of death, such as hanging, poisoning, shooting with a firearm, jumping from a height, or positioning oneself in front of a moving object (Kolves & de Leo, 2017). No matter what method is used, suicide is presumably the result of illogical thinking coupled with agonizing emotions (Shneidman, 1976). The study of suicide, or suicidology, is a rather recent discipline when Shneidman coined the term in 1976. Shneidman (1976) identified three characteristics that are common to suicide: (a) the climax of self-destruction lasts no longer than a few moments to a few days, (b) the suicidal individual wavers when deciding to undertake the act, and (c) most suicides involve two individuals. The two individuals include the suicidal individual and the non-suicidal individual. The two individuals were involved in a stressful relationship prior to the suicide. One succumbs to suicide while the other individual becomes

impacted by the death (Shneidman, 1976). Throughout history, theologians and modern philosophers have battled fiercely regarding the ethical reasoning of suicide. These battles have shaped the perspectives of citizens and impacted laws throughout the centuries.

Cultural Viewpoints

During the medieval period, the ancient Greek and Romans viewed suicide as an honorable death. Suicide resulted from either an individuals' difficult situation or as a sacrificial statement (Hecht, 2013). However, from early Christianity to the Renaissance period, suicide was considered a moral sin by theologians such as St. Augustine, Thomas Aquinas, and Dante (Hecht, 2013; Shneidman, 1976). The sinful reasons for suicide that Christian theologians provided was based upon the sixth commandment of the law of Moses prohibiting individuals to kill, the tragic impact that the death had on the community, the importance of human self-worth, and divine creation and cessation (Hecht, 2013; Shneidman, 1976). As early as 452, laws were created that forbid suicide and prohibited funeral and burial rites of the deceased (Hecht, 2013). As the years evolved into the 11th, 12th, and 13th centuries, the reactions and consequences of suicide became more hostile. The western European government established punitive measures treating suicide as a crime. Suicidal punishment included seizing the deceased's property and public defilement of the deceased's body (Hecht, 2013). In the 1300s, Dante warned of severe spiritual punishment of individuals that died by suicide which included an afterlife in the inner-most part of hell (Hecht, 2013).

The Renaissance era, most notably an era of art, philosophy, political, and economic growth, began to change the popular view that suicide was an abomination. The Renaissance period portrayed suicide within situational factors and internal turmoil. Prominent historical figures were re-envisioned contemplating suicide, while the art of Michelangelo and Leonardo

da Vinci, and the writings of Hamlet and Shakespeare depicted characters questioning life within themselves and the external world (Hecht, 2013). During this period, suicide was exposed radiating humanity's raw emotions. Religious leaders began to offer assistance to individuals that were rife with suicidal ideations instead of excommunicating them. However, laws of punishment were upheld that victimized the deceased families, including seizing assets, prohibiting funerals, and torturing corpses.

Between 1750 and 1850, the Enlightenment Period, there was surge of suicides by high-class intellectuals, particularly in England (Hecht, 2013). The reasons noted for the increase in suicides was the atheism of secular philosophical thinking and rapid advances in medicine, science, politics, and economics (Hecht, 2013). At the end of the Enlightenment Period, suicide was more commonly treated within the spiritually-neutral medical community while the new political-economic concept of capitalism discouraged the seizing of the deceased property. These cultural changes also ceased the public torture of the deceased body (Hecht, 2013).

The 20th century introduced three main thoughts of suicide from the disciplines of sociology, psychology, and philosophy. The three perspectives continue to guide current cultural views of suicide. Emile Durkheim (1858-1917), a sociologist, presented three types of suicide based upon an individual's interaction with his or her environment. The three types of suicide are known as (a) altruistic, or voluntarily self-sacrificing for honorary cultural customs; (b) egoistic, or suicide due to social isolation; and (c) anomic, or suicide due to dramatic life-changing events (Hecht, 2013; Shneidman, 1976). Whereas Durkheim viewed suicide as a result of the interactions between the individual and society, Sigmund Freud (1856-1939) introduced a psychological explanation. Freud suggested that suicide was a result of unconscious internal strife riddled with intense emotions such as, anger, guilt, dependency, anxiety, helplessness, and

hopelessness (Shneidman, 1976). Finally, a philosophical view emerged from Albert Camus (1913-1960). Camus suggested that humans possess an internal need for order and purpose in life, but life is often plagued with disorder and meaninglessness (Simpson, n.d.). The disorder and meaninglessness generates individual dissatisfaction and despair. Camus encouraged others to rebel against the meaninglessness of life and promoted an anti-suicide stance (Simpson, n.d.).

In general, contemporary societal perspectives of suicide continue to have negative connotations toward the deceased and the survivors. Cultural perceptions view the deceased as selfish and exhibiting irrational behavior (Chapple, Ziebland, & Hawton, 2015; Sand, Gordon, & Bresin, 2013), while survivors experience social avoidance and feelings of stigmatization which can interfere with the grieving process (Chapple et al., 2015). Despite the negative historical and contemporary perspectives, suicide continues to be a primary cause of death in the United States, with youth suicide ranking as the second leading cause of death between the ages of 10 and 24 (Violence Prevention, 2017). The following related literature section includes information about the prevalence of youth suicide, the risk and protective factors associated with youth suicide, and youths' help-seeking behaviors.

Youth Suicide

Youth suicide is a major health concern accounting for one of the leading causes of death in youth (Dilillo et al., 2015; Trigylidas et al., 2016); which is regrettable given that death by suicide is completely preventable. The following poem, entitled, "Scarlet Tears" (Darling, 2011), provides a poignant description of an adolescent's contemplation of suicide:

Fires ablaze within my eyes, /A smile concealing all my lies,/ Screaming, begging,

calling out, /A final, frantic, desperate, shout./Scarlet tears drip from each vein, /A

vehement covet to end this pain, /This silver blade, stays by my side, /Because all hope

inside has died./As each day ends, and darkness draws, /The devil toys, with all my flaws, /I'm helpless, alone, a worthless mess, /A broken child, he must address./I'm tempted when he calls my name, /A way out, an escape, an end to shame, /To make it feel a lot less real, /A deal with the Devil, in blood must I seal. They'll say I died of suicide, /But no one knows how much they've lied, /It wasn't a rope, a blade, or pills,/That broke my soul, and gave me chills. I died inside so long before, /To live each day, an endless chore, /Pills could not kill what was already dead, /A twisted soul, an empty head. /In darkness I wait, in silence, alone, /Rose-tinted nostalgia, all around me has grown, /I beckon the devil, with the key of self-harm, /And I open the door for him, with the blood of my arm.

Prevalence and risk factors. Out of the 44,193 suicides in the United States in 2015, 2,470 were suicides by youth under the age of 20 (Drapeau & McIntosh, 2016). Suicide is the second leading cause of death in youth between the ages of 10 and 24 with the death toll continuing to rise (Violence Prevention, 2017). Although the motivation is often unknown, there are several risk factors that increase the probability that a youth will succumb to suicide. Some risk factors are fixed, or cannot be changed, such as age, gender, ethnicity, culture, and family history, while some risk factors are a result of social or environmental influences, such as family background, traumatic experiences, and victimization. Yet other factors are modifiable, or can be improved, such as, mental illness. Suicidal youth often possess multiple risk factors at once, which increase the risk of suicide (LeCloux, Maramaldi, Thomas, & Wharff, 2016; Mayes et al., 2015; Nanayakkara et al., 2013). The following sections contain the fixed, social or environmental, and modifiable factors that are associated with increasing the odds that a youth will die by suicide.

Fixed risk factors. The rate of youth suicide steadily increases with age. For example, there were 436 reported cases of suicides of youth between the ages of 10-14 and 5,723 reported cases of suicides of 15-24 year-olds in 2016 (Drapeau & McIntosh, 2016; Violence Prevention, 2017). As a gender, young males between the ages of 10 and 24 are more prone to die by suicide. An 8:2 ratio exists between male suicide to female suicide (Violence Prevention, 2017). More white males die of suicide, however, as an ethnic group, American Indian and Alaskan Natives have a higher incidence of suicide, with approximately 50% of males, aged 10-24 dying by suicide compared to nearly 40% of white males in the same age range. Hispanic, African American, and Asian/Pacific Islander males have lower incidences of suicide rates, with approximately 20% deaths (Violence Prevention, 2017). Another disparity between suicide rates occurs in geographical locations with youth from rural areas dying by suicide nearly twice as often as youth from urban areas (Fontanella et al., 2015; Kegler, Stone, & Holland, 2017).

Although young males complete suicide more frequently, young females attempt suicide more than twice as often as males (Violence Prevention, 2015; Adolescent and School Health, 2016b). Hispanic females have higher rates of attempted suicide than black or white females (Adolescent and School Health, 2016b). It is important to investigate youth who attempt suicide because previous suicidal attempts are a significant risk factor for suicide completion (Bostwick et al., 2016). In a nationwide survey administered to high school students in grades 9-12, approximately 10% of students reported having attempted a suicide during the previous year with the amount of youth attempts increasing since 2009 (Adolescent and School Health, 2016b). Fixed risk factors are just the tip of the iceberg of proposed reasons that adolescents can be at risk for suicide. Environmental or social circumstances can also potentially influence adolescents' suicidal behaviors.

Environmental or social risk factors. Several environmental or social risk factors have been associated with youth suicide, such as traumatic events and weak social relationships. A traumatic experience, such as exposure to suicide, increases an adolescent's risk of suicidal behaviors. Adolescents who experienced the death of a parent by suicide were more likely to die by suicide than adolescents whose parents died of other causes (Cheng et al., 2014; Garssen, Deerenberg, Mackenbach, Kerkhof, & Kunst, 2011). The likelihood of a suicide by an offspring increased when the parent was the same gender as the adolescent (Cheng et al., 2014; Garssen et al., 2011). In addition to parents, youth suicidal risk increases if the youth has been exposed to suicidal behaviors or death by suicide of another family member or friend (Feigelman, Joiner, Rosen, & Silva, 2016; Nanayakkara et al., 2013). Other traumatic life experiences, such as a victim of childhood physical or sexual abuse (Kim, Moon, & Kim, 2011; Miller, Esposito-Smythers, Weismoore, & Renshaw, 2013) and a diagnosis of posttraumatic stress disorder in adolescents is also strongly associated with suicidal behaviors (Panagioti, Gooding, Triantafyllou, & Tarrier, 2015).

Another risk factor is the lack of strong social relationships. Weak school connectedness and low or negative peer and parent interactions can increase the risk of suicide in youth (Langille, Asbridge, Cragg, & Rasic, 2015). The lack of school connectedness may be associated with the higher suicide attempts reported by ninth-graders than students in upper grades (Adolescent and School Health, 2016b). Recent research has been robust in associating peer bullying with suicidal behaviors. Bullying is defined as repeated, purposeful, and aggressive behavior that includes an imbalance of power (Olweus, 1993). According to youth self-reports, 15% of high school students reported that they had been electronically bullied in 2015 while an additional 20% reported that they were bullied on school property (Adolescent and School

Health, 2016b). Victims of bullying were more susceptible to suicidal ideation and suicidal

behaviors with no differences to whether the bullying was conducted through electronic or

physical means (Klomek et al., 2013; Litwiller & Brausch, 2013; Winsper, Lereya, Zanarini, &

Wolke, 2012). Bullying can also lead a youth to engage in risky behaviors, such as substance use

and violent behavior that increases the risk for suicide (Litwiller & Brausch, 2013).

Poor relationships with parents are also associated with suicidal behaviors. For example,

Brausch and Decker (2014) found a negative correlation between parental support, depressive

symptoms, and suicidal ideation. When parental support was strong, depressive symptoms and

suicidal ideation were lower; when parental support was low, depression and suicidal behavior

were more common. An uninvolved parenting style, characterized by neglect and rejection, also

increased the likelihood of adolescent suicidal behaviors (Donath, Graessel, Baier, Bleich, &

Hillemacher, 2014). Adolescents who attempted suicide reported to be ten times more

disconnected with their parents than non-suicidal adolescents, claiming that they felt their

parents ignored them (Hedeland, Teilmann, Jorgensen, Thiesen, & Andersen, 2016). However,

not all risk factors can be attributed to genetics, past experiences, or relationships with others.

Some risk factors are directly related to the individual and can be modifiable.

Modifiable risk factors. Modifiable risk factors are factors that can be altered mostly

through counseling strategies, behavior modification, medication or a combination of the three.

Individual risk factors include emotional dysregulation and cognitive distortions or illness. Poor

emotional regulation, such as difficulty interpreting and communicating emotions, and coping

with distress, is highly associated with suicidal behaviors among high school students (Jacobson,

Marrocco, Kleinman, & Gould, 2011; Pisani et al., 2013; Rew, Young, Brown, & Rancour,

2016). Poor self-esteem and self-image, especially perceiving oneself as overweight, and having

an eating disorder have also been associated with potential suicide (Brausch & Decker, 2014; Kim et al., 2011). Shamefulness or self-blame from an act the youth engaged in or as a result of an act committed against the youth also increased the odds of suicide in girls and boys (Werbart Törnblom, Werbart, & Rydelius, 2015). Externalizing behaviors, such as running away from home, fighting, school expulsion, being arrested, convicted, or pleading guilty to a crime also are factors that increase suicidal risk (Feigelman et al., 2016).

Not surprisingly, adolescents who have been diagnosed with mental disorders, such as major depression, intermittent explosive disorder, conduct disorder, psychosis, or substance abuse are more likely to engage in suicidal behaviors (Barzilay & Apter, 2014; Kelleher et al., 2013; Kim et al., 2011; Nock et al., 2013; Verona & Javdani, 2011). The likelihood is higher for adolescents who are diagnosed with more than one mental disorder. For example, adolescents who are diagnosed with Attention Deficit Hyperactivity Disorder in addition to demonstrating opposition, defiance, and sadness are more likely to attempt suicide (Mayes et al., 2015) as well as youth diagnosed with both depression and conduct disorder (Vander Stoep et al., 2011). A combination of a diagnosis of mental illness and an environmental risk factor will also increase the chances of suicidal behaviors. For example, adolescents with greater levels of depressive symptoms and less parental support are at a greater suicide risk (LeCloux et al., 2016; Nanayakkara et al., 2013). Although research has been invaluable in identifying the risk factors that are associated with youth suicide, adolescents continue to be reserved in notifying adults about suicidal behaviors.

Help-seeking behaviors. In general, adolescents are more likely to tell a friend than an adult about suicidal thoughts and tendencies (Labouliere, Kleinman, & Gould, 2015; Pisani et al., 2012). Adolescents who disclose suicidal ideations to adults possess greater help-seeking

acceptance, believe that adults have resources to help them, and are more engaged in school than suicidal students who do not disclose to adults (Pisani et al., 2012; Schmeelk-Cone, Pisani, Petrova, & Wyman, 2012). Most youth do not request help from professionals (Michelmore & Hindley, 2012). The reasons adolescents and children do not seek professional mental health support is fear of disclosure to parents, feeling uncomfortable talking to a professional about personal problems, stigma that others may perceive them negatively, and being self-reliant (Del Mauro & Williams, 2013; Labouliere et al., 2015). As with suicide attempts and completion rates, a gender difference exists in seeking help prior to the act of suicide. Females seek help more often and disclose to friends more frequently than males (Labouliere et al., 2015; Pisani et al., 2012). Frequent help-seeking behaviors from females may be a reason that females attempt suicide more often but are less likely to complete suicide. In light of the array of risk factors and poor help-seeking behaviors, there are positive behaviors that help protect adolescents from suicidal tendencies, which are known as protective factors.

   Protective factors. Protective factors have been found to reduce the risk of suicide ideation, attempts, and completion. Although some risk factors are non-negotiable and cannot be altered, such as gender, ethnicity, exposure to parent, relative, or friend suicide, and victim of childhood abuse, other risk factors can be reduced or eliminated. For example, personal characteristics such as high self-esteem and productive coping skills are protection against suicide (Brausch & Decker, 2014; Litwiller & Brausch, 2013; Rew et al., 2016). A protective factor found repeatedly in literature is an individual's social connectedness. Strong and healthy peer and adult relationships as well as parental support and supervision has generated compelling evidence to reduce suicidal behaviors even when risk factors were evident (Borowsky,

Taliaferro, & McMorris, 2013; Brausch & Decker, 2014; Logan, Vagi, Gorman-Smith, 2016; Pisani et al., 2013; Swahn et al., 2012).

Although schools are relatively limited in increasing parental support and supervision, schools can create a climate that is conducive to producing a sense of school connectedness in children and adolescents, which can protect against youth suicide. Strong school connectedness has been found to protect against suicidal behaviors for both males and females as well as decreasing risky youth behaviors, such as alcohol and substance use and sexual promiscuity (Govender et al., 2013; Langille et al., 2015; Marraccini & Brier, 2017; Whitlock, Wyman, & Moore, 2014). On the contrary, a combination of weak school connectedness and limited friendships increases suicidal risk (Miller, Esposito-Smythers, & Leichtweis, 2015).

Schools can foster a sense of connectedness through mentoring programs. Mentoring programs that forge a relationship between students and school staff are highly effective in promoting school connectedness and sense of belonging (Voight & Nation, 2016). Despite school connectedness effectiveness in being the most valuable protection factor against youth suicide that schools can offer, most teachers do not receive professional development training to enhance student school connectedness (Bernard, King, Nabors, Vidourek, & Murnan, 2012). The largest barrier that teachers cite in developing students' school connectedness is the pressure to increase academic achievement on state proficiency exams (Bernard et al., 2012). Although there continues to be need for improvements to enhance students' feelings of school belonging to protect them against suicide, legislative actions have been instrumental in promoting youth suicide awareness and response in the schools.

Role of the Schools

The United States Department of Education, Office of Safe and Healthy Students (2013) released a comprehensive crisis planning document to assist schools in preventing, preparing, responding, and recovering from school crises. Suicide was one of the many school crises listed (Office of Safe and Healthy Students, 2013). According to Fink (as cited in Sellnow, 2013), a crisis consists of four stages. A crisis begins when a stressor in the environment is avoided until the stressor escalates into a serious problem. The next stage, the acute stage, is often the shortest phase and consists of the specific incident resulting in immediate damage and losses. Next is the chronic phase that is characterized by researching and analyzing the precipitating stressor to prevent a similar crisis in the future. Finally, the crisis resolution phase is characterized by the system resuming normality. However, no matter how well-planned for a crisis event, Liou (2015) urges school administration to be flexible, adaptive, innovative, and collaborative in a crisis event. In considering Fink's (as cited in Sellnow, 2013) first stage of a crisis and the initial step from the Office of Safe and Healthy Students (2013) crisis planning recommendations, an underlying problem of youth suicide exists. To address the problem of youth suicide and to avert a crisis situation, prevention activities are implemented to decrease the threat to one's life (Office of Safe and Healthy Students, 2013).

Prevention. Legislative actions in the early 21st century were vital in promoting suicide awareness and prevention activities in schools. The Surgeon General's National Strategy for Suicide Prevention in 2001 identified schools as a place to implement prevention, assessment, and postvention activities (Office of the Surgeon General, 2001). In 2003, the President's New Freedom Commission on Mental Health sought to educate school staff in the identification and treatment of students with mental illness (President's New Freedom Commission on Mental

Health, 2003). In 2004, the Garrett Lee Smith Memorial Act (GLS) provided grant funding for youth suicide prevention activities (Garrett Lee Smith Memorial Act, 2004). The GLS was initiated by a U.S. Senator whose college-age son died by suicide. GLS continues to provide financial support for preventive measures. Prevention activities have focused on training staff and students in suicide awareness for the purpose of deterring suicidal behaviors by increasing referrals to mental health professionals. Prevention activities can be universal, secondary, or tertiary. Universal prevention activities are designed to screen the general student population for at-risk suicidal behaviors. Secondary prevention activities target specific students who have been identified as at-risk for suicide to provide intervention services. Tertiary prevention activities are designed to diminish the students' ideations and subsequent suicidal attempts (Juhnke, Granello, & Granello, 2011).

Universal prevention programs. Universal prevention programs have been effective in increasing school staff's knowledge about youth suicide and have led to more mental health referrals (Condron et al., 2015; Shannonhouse, Lin, Shaw, & Porter, 2017). Staff who spend more time with youth and students who are exhibiting more severe symptoms are more likely to identify these students as such, and refer them to mental health professionals, particularly school counselors, for more comprehensive assessment (Condron et al., 2015; Evans & Hurrell, 2016; Shannonhouse et al., 2017). The universal prevention activities most commonly used are gatekeeper programs and screening programs (Goldston et al., 2010).

Gatekeeper programs. Gatekeeper programs are comprised of short-term training sessions designed to educate members of the school and community of the warning signs of suicidal behaviors for the purpose of identifying and referring students to mental health services (Gould & Kramer, 2001). Adults who typically interact with youth are trained and often include

teachers, counselors, coaches, police officers, clergy, and youth recreation staff (Gould & Kramer, 2001). The program curriculum includes identification of risk factors, referral methods, youths' responses of disclosure to others, and professional mental health assistance (Gould & Kramer, 2001). Gatekeeper training can vary in length from a couple of hours to a few days (Robinson et al., 2013). Information gained from the gatekeeper training programs immediately increases the participants' knowledge and skills in detecting suicidal behaviors and notifying appropriate individuals. However, knowledge and skills have been found to decrease over time, as quickly as within three months after training (Cross et al., 2011; Robinson et al., 2013). The longer the training, the more knowledge and skills that were attained (Condron et al., 2015). Universal mental health screening is another technique designed to prevent, identify, and refer students to mental health services.

Mental health screening. Screenings for mental health are used to directly assess for risk factors and suicidal related behaviors (Kuo, Vander Stoep, McCauley, & Kernic, 2009). The screenings are voluntary, self-reported, and deficiency or reactive-based, which can impact the effectiveness of the screenings (Dowdy, Doane, Eklund, & Dever, 2013). For example, optional screenings can result in parents or students refusing to participate, particularly when the parental consent is mailed and if the parents are non-white and poorly educated about mental illness (Fox, Eisenberg, McMorris, Pettingell, & Borowsky, 2013; Totura, Kutash, Labouliere, & Karver, 2017).

Despite the shortcomings of the screening instruments, screenings have been found useful in identifying more students with at-risk behaviors compared to other methods of identification, including referrals from school personnel, parents, or self-referrals (Dowdy et al., 2013; Husky, Kanter, Mcguire, & Olfson, 2012; Husky, Kaplan, et al., 2011; Prochaska, Le, Baillargeon, &

Temple, 2016). The demographics of the students who were more likely to be identified as at-risk for mental health issues through the screening instruments are non-white students, especially African American students, older youth, and youth residing in single parent homes (Husky et al., 2012; Husky, Sheridan, McGuire, & Olfson, 2011). Results vary in the identification of students based upon gender (Dowdy et al., 2013; Husky, Sheridan, et al., 2011).

After a student is identified as at-risk for suicidal behavior and is not currently receiving mental health services, a referral is made to the school-based mental health professional to be further evaluated. Once students are referred to school-based services, secondary prevention activities are initiated that target the at-risk students.

Secondary prevention programs. Students who were referred to school-based mental health services either through gatekeeping, mental health screening, or other referrals endure a more comprehensive risk assessment to determine the level of suicidal risk. Qualified school health professionals, such as school counselors, school social workers, or school psychologists, are regularly involved in conducting the risk assessment (Crepeau-Hobson, 2013; Crepeau-Hobson & Kanan, 2013; Patient Protection and Affordable Care Act, 2010). The protocol for administering a suicide risk assessment is to determine the level of self-reported risk from the youth. The assessment involves interviewing the student about suicidal intent and risk factors. The youth is routinely asked to describe the suicide plan and method, disclose access to a lethal means to induce harm, report the history of previous suicide attempts, identify current symptoms of mental illness and any recent trauma (Lieberman, Poland, & Cassel, 2008). Based upon the level of risk, any of the following actions can be implemented: warning parents, developing a safety plan or no-suicide contract with the student and his or her parents or guardians, identifying

coping strategies, offering mental health services, or seeking immediate treatment including outpatient services or hospitalization (Hansen et al., 2012; Lieberman et al., 2008; Singer, 2017).

Services offered to a student depend on the symptom severity that the student is exhibiting. Students are offered school-based mental health services or community-based mental health services. Husky, Sheridan, et al., (2011) found that students who were referred to school-based services often have less severe mental health symptoms than students who were referred to community-based services. Students referred to school-based mental health services were more likely to access those services, nearly twice as often, as students referred to community-based services (Husky, Sheridan, et al., 2011; Husky et al., 2012; Torcasso & Hilt, 2017). In fact, despite identification and referral efforts, over 70% of students identified as at-risk for suicide will not be provided with mental health services, no matter if services are school-based, community-based, or if the student is insured for services (Husky, Sheridan, et al., 2011; LeCloux, Maramalki, Thomas, & Wharff, 2017). Students who did receive mental health services for suicidal risk demonstrated higher symptomatic levels of depression or posttraumatic stress disorder than at-risk students who did not receive services (Husky, Sheridan, et al., 2011; Prochaska et al., 2016). Therefore, students with more severe symptoms were more likely to receive treatment.

Barriers to mental health access include clinical and school mental health professionals being over-extended with high client and student ratios, high staff turn-over rates, stigma from adolescents or parents regarding mental health issues, adolescence noncompliance with treatment, financial stress, lack of available services, and parental strain (Bowers, Manion, Papadopoulos, & Gauvreau, 2013; DeKruyf, Auger, & Trice-Black, 2013; Nadeem, Santiago, Kataoka, Chang, & Stein, 2016; Oruche, Downs, Holloway, Draucker, & Aalsma, 2014;

Robinson et al., 2013). If the student is referred to community mental health, outpatient, or

hospitalization services, the referring school professional is strongly encouraged to maintain

contact with the student's family regarding the student's follow-up care and progress (Lieberman

et al., 2008). Students who do receive immediate services and return to school are provided with

tertiary prevention services.

   Tertiary prevention programs. Tertiary prevention programs are for students who have

returned to school after treatment, particularly hospitalization. A typical hospitalization for a

youth is 72 hours or less (Singer, 2017). The hospitalization provides a comprehensive

assessment identifying the precursor for the risk of suicide, medication management, and a plan

for further treatment (Singer, 2017). Typically, students returning to school from hospitalization

stress about peers' inquiries regarding the student's whereabouts and missing assignments,

resulting in poor academic achievement (Preyde, Parekh, Warne, & Heintman, 2017; Singer,

2017). The poor social connectedness to teachers and peers experienced pre-hospitalization only

exacerbate the student's fears of returning to school (Preyde et al., 2017).

   A re-entry meeting at the school is highly recommended to create a plan of action to

support the student. A tertiary prevention program can be individually developed at the re-entry

meeting. The tertiary prevention program provides a system of care for the returning student to

decrease suicidal thoughts and attempts. The system of care includes the school mental health

provider, teachers, parents, as well as any outpatient mental health service staff. The system of

care members are responsible for monitoring the student's behaviors and communicating

behavioral changes to one another. Monitoring and providing professional mental health and

emotional support are expressed needs of hospitalized adolescents returning to school (Preyde et

al., 2017). School mental health providers may need to educate teachers about the student's

condition, possible behaviors, and appropriate management and response to the student's behaviors (Savina, Simon, & Lester, 2014). The support from others can be a critical element in protecting the student from future suicide attempts. A positive change in social connectedness, particularly with family members and with peers, decreases a student's likelihood of a suicide attempt three months after hospitalization (Czyz, Liu, & King, 2012).

Universal, secondary, and tertiary prevention activities have been initiated and funded by legislation to diminish the youth suicide rate. However, prevention programs are disjointed, relying on human endeavors to provide a system of care. Regardless of prevention efforts, not all students possessing a suicidal risk are identified, and not all students receive treatment or receive adequate treatment, and a death by suicide occurs (Biddle et al., 2014; LeCloux et al., 2017). Therefore, school teams must plan to respond when a student at the school dies from suicide.

Preparedness. The second phase of the U.S. Department of Education's crisis planning is crisis preparedness (Office of Safe and Healthy Schools, 2013). School leaders prepare for crisis events by developing crisis plans. There are six general steps in the planning process: (a) form a planning team that will meet regularly to define and assign roles and responsibilities to the crisis team members; (b) identify, assess, and prioritize potential crises; (c) develop goals and objectives for action in the event of the potential crisis; (d) plan a specific course of action with a scenario and decision points; (e) develop, review, and approve the plan; and (f) train staff, review, and revise the plan (Office of Safe and Healthy Schools, 2013). In the planning process, crisis teams are pre-assembled prior to a crisis event. Crisis teams include a variety of school and community members to quickly respond to the needs of students and staff post-crisis (Jellinek & Okoli, 2012). Cox et al. (2016) developed 20 guidelines that included 548 actions that schools should consider when implementing postvention activities for a student suicide.

Unfortunately, suicide crisis preparedness is not a high priority for most school districts. Most crisis plans focus on natural disasters (Olinger Steeves, Metallo, Byrd, Erickson, & Gresham, 2017). No matter how detailed the crisis plans are, the plans are of little use when they are not accessed by the school community (Olinger Steeves et al., 2017). This is particularly evident in urban districts (Olinger Steeves et al., 2017). The lack of communication with the plan can result in poor response that can be detrimental to students, staff, and the school district. Response is the next step of the U.S. Department of Education's crisis planning protocol (2013).

Response. When a death of a student occurs by suicide, the pre-designed crisis response teams are activated to implement the crisis plan. The crisis team intervenes with members of the school community to provide postvention activities. Postvention activities are designed to promote individual and system normality as quickly as possible after the crisis. The activities assist the school community to adjust to the crisis in a positive and adaptive manner (Lukton, 2016; Shneidman, 1969). Postvention services are particularly important to provide to youth due to the higher incidence of suicide contagion, or "copycat" suicides that occur in the youth population after being exposed to a suicide (Haw, Hawton, Niedzwiedz, & Platt, 2013; Maple, Cerel, Sanford, Pearce, & Jordan, 2017).

School crisis team members are initially notified of the death of the student through an emergency contact notification system. District and building-level administrators, school counselors, teachers, other staff, and identified community members assume various crisis management responsibilities in response to a student suicide. Depending upon who initially received the notification of the students' death, the building level or district level administration must be contacted immediately. The district-level administrators are essential in providing a protective barrier between the school and the outside community. District-level administrators

perform activities such as being a media liaison, enforcing security, and coordinating additional

supports to meet personnel and student needs (Kennedy-Paine et al., 2013). However, the

district-level administration are often uninvolved in providing services within the school.

The school level teams respond to the majority of the crisis within their schools.

Building-level administrators are encouraged to lead crisis teams, disseminate appropriate

information, create a school atmosphere for remembering and grieving, and act as a liaison

between the school, district office, and the deceased student's family (Garran, 2013). The school

counselor, or other school-based mental health care professional, often works closely with the

building-level administrator in implementing the crisis plan (Fein, Carlisle, & Isaacson, 2008;

Fineran, 2012; Suicide Prevention Resource Center, 2011). Implementing the crisis plan includes

disseminating information about the death to students, staff, and parents, debriefing staff

members, designating counseling areas, providing counseling, requesting additional counseling

from other locations, arranging for funeral attendance, and providing ongoing monitoring of

students and staff (Cox et al., 2016; Daniels et al., 2007; Fineran, 2012; Robinson et al., 2013;

Suicide Prevention Resource Center, 2011).

Teachers and other support staff are also an essential part of responding to the crisis.

Teachers are often the professionals who notify the students in their classes about the suicide

through a scripted notice provided by the crisis team. The teacher is encouraged to initiate a

structured suicide awareness discussion. Students who need more support are encouraged to go

to the designated counseling area. Some students may not readily take advantage of the

counseling services, therefore, teachers should closely monitor changes in students' behaviors

and make necessary referrals (Suicide Prevention Resource Center, 2011). Other staff members

are vital. Other staff can assist in operations, such as standing in for teachers who may need to

take a break and supplying materials for the counseling center and staff, such as food, water, and tissues (Suicide Prevention Resource Center, 2011). Over a few days, the acute crisis subsides, adjustments are made, and the individual and system readjusts to the new life without the deceased, thus entering the recovery stage (Hirschowitz, 1973; Lindemann, 1944; Liou, 2015)

 Recovery. To facilitate recovery, the school structure should not be interrupted during the response phase, although the focus of the school environment may shift from academics and athletics to a social-emotional environment (McGee, 2017; Suicide Prevention Resource Center, 2011). The school should function as normal with designated arrival and dismissal times and class schedules (Suicide Prevention Resource Center, 2011). Students and staff, alike, should continue to be monitored by the crisis team members, particularly the school counselor, for signs of distress, and any referrals should be made to the appropriate services (Fein et al., 2008). The crisis team should meet regularly to debrief their experiences. The crisis plan should be reviewed and revised accordingly in preparation of a future student suicide.

 As noted, schools are responsible for implementing suicide prevention, preparedness, response, and recovery activities. Each member of the entire staff has a designated role in preventing youth suicide and responding to a suicide crisis. Staff are trained in universal prevention programs to identify at-risk students. School counselors and other school mental health providers provide comprehensive risk assessments, interventions, and follow-up services. Specific school staff are designated crisis team members. The crisis team members prepare a crisis plan that defines the roles, responsibilities, and procedures to execute in the aftermath of a student suicide. Each school member has a valuable role in providing services to students in order to prevent suicide contagion and promote healthy adjustment. School counselors are particularly vulnerable to the crisis, as the school focus often changes to a higher emphasis on

social-emotional issues. Teachers, who often feel inadequate in responding to classmates after the death of a student, commonly refer students to the school counselor for mental health services (Shilubane, Bos, Ruiter, Borne, & Reddy, 2015). The school counselor often assumes a leadership role in response to crisis events (Fineran, 2012), however, school counselors have not always had a part in crisis situations.

School Counselor

Gilbride, Goodrich, and Luke (2016) conducted a survey with nearly 900 school counselors who were members of the American School Counselor Association (ASCA) to gather information about those working in the school counseling profession. The current demographics of school counselors reveal that the profession is predominately white female with an 8:2 female/male ratio, with 85% being identified as white, 10% as black, and 5% as other. The average age of a school counselor is 42 years old with a little over eight years of experience. Most school counselors possess a master's level degree, with less than 20% holding a higher degree, such as educational specialist or doctorate. Although nearly 70% of school counselors have been trained by an accredited university, nearly 20% of school counselor reported that their university training programs were not accredited. As a pupil service professional, the role of the school counselor has altered rapidly to keep up with the reformations of the educational system that the school counselor serves. Servicing students with mental health issues or suicidal behaviors is a fairly recent role for school counselors; a role that counselors do not often feel adequately prepared to undertake and administrators do not always appreciate (Amatea & Clark, 2005; Carlson & Kees, 2013).

Evolving role. School counseling began in the late 1800's to provide vocational direction to students in the midst of the Industrial Revolution (Gysbers & Henderson, 2001). In the mid-

1900's, school counseling evolved into a counseling profession, in which school counselors primarily conducted individual and group counseling services along with consultation services to parents and teachers (Gysbers, 2001). However, as a professional providing service to students, counselors were also assigned administrative or clerical duties, such as, enrollment, attendance, and scheduling of classes (Gysbers, 2001). Due to their ill-defined role, school counselors' duties again changed in the 1970s. School counselors were charged with implementing developmental guidance programs through the teaching of a curriculum (Gysbers & Henderson, 2001). In the late 1990's, the school counselors' roles changed again when accountability for student achievement was introduced (Gysbers, 2001). During the late 1990's school counselors assumed a leadership role to assist in closing the achievement gap. The school counselor was now considered a member of a school team to help all students succeed (Gysbers, 2001). Presently there is another changing of the winds within the school counseling profession. School counselors are identified as educators with a school counseling degree (American School Counselor Association [ASCA], 2017), having a dual role as a leader in education as well as a mental health professional. The primary responsibility of current school counselors is to provide activities that directly influence student success (ASCA, 2017; DeKruyf et al., 2013).

The profession's evolving identity has left many school administrators confused about the school counselor's role. Some administrators, particularly at the elementary level, perceive the school counselor's role as a system-level consultant and collaborator to various stakeholders to improve students' educational success (Amatea & Clark, 2005; Karatas & Kaya, 2015). Other administrators, particularly in at the middle school level, perceive the school counselor as supporting administrative duties, such as scheduling and standardized testing coordination

(Amatea & Clark, 2005), while more high school principals recognize the school counselor as providing direct guidance and counseling services (Amatea & Clark, 2005).

School counseling training programs do not clearly define the duties of a school counselor either. University professors from accredited programs are training entry-level school counselors in a myriad of skills. Training includes system-level involvement using data to make decisions and promote programs, vocational counseling, mental health assessment and counseling techniques, community collaboration, and crisis intervention (CACREP, 2014). Graduates of school counselor programs have reported that most of their training was focused in counseling theory and techniques with less training in advanced counseling skills, diagnosis of mental disorders, and crisis management (Carlson & Kees. 2013). Not surprisingly, school counselors are more confident in providing indirect services to address students' academic needs and less confident in working with students with mood disorders, such as depression and suicidal concerns (Carlson & Kees, 2013). Interestingly though, the majority of school counselors perceive themselves as qualified mental health professionals, but job demands prevent conducting therapeutic counseling (Carlson & Kees, 2013). Indeed, multiple barriers exist in providing mental health services within the school. Barriers include inadequate funding, limited time and space, and administrative issues regarding the role of the school counselor and perceived lack of mental health priority in the schools (Carlson & Kees, 2013; Macklem, 2014).

As noted previously, responding to the needs of the students also involves supporting staff and leaders (Fein et al., 2008). When a crisis at the school is experienced, the school counselor is on the front line in crisis management, response, and recovery efforts within the school. Typical school counseling duties cease in order to coordinate, collaborate, and directly respond to student needs after a crisis event. Unfortunately, most school counselors do not feel

prepared to respond to a school crisis (Carlson & Kees, 2013). The lack of preparedness, as well as the school counselor's personal connection to the school community, has the potential to create unfavorable conditions for the school counselor's response and recovery efforts. School counselors are at high risk for emotional exhaustion and burnout during times of crisis (Crepeau-Hobson & Kanan, 2013). The research on suicide survivorship offers insight into the reactions and responses of individuals that have been impacted by suicide. Suicide survivor research can assist in formulating the unique impact that suicide has on survivors and typical response patterns.

Survivors of Suicide

Research indicates that individuals who have experienced someone's suicide have been found to respond differently than individuals who experienced someone's death from natural causes. Grief and recovery patterns from an individual's suicide are more typical to the reactions and recovery of other violent deaths, such as homicide (Bell et al., 2012; Hanschmidt, Lehnig, Riedel-Heller, & Kersting, 2016; Schneider et al., 2011). Emotions that are more evident in survivors of suicide and sudden death are depressed mood, guilt, shame, and self-blame (Bell et al., 2012; Hanschmidt et al., 2016; Schneider et al., 2011). Recovery also tends to be longer for sudden death survivors, including suicide, especially when the survivor is blaming others or being blamed for the death (Kristensen, Heir, et al., 2012; Kristensen, Weisaeth, et al., 2012). The research on the different reactions experienced by survivors is in its infancy. The study of survivors of suicide has progressively been evolving in less than a half of a century. The following history and revolving definition of suicide survivorship will provide a necessary background into the field of suicidology.

History and definition. Suicide survivor was a term first coined in 1972 by Albert Cain. Suicide survivorship has different meanings and definitions. The general public often interprets suicide survivorship as someone who has survived a suicide attempt; however, suicide survivor has a different meaning to those in the field of suicidology (Jordan & McIntosh, 2011). Most suicidology researchers have defined survivors as immediate relatives or close friends of the deceased (Andriessen, 2014; Jordan & McIntosh, 2011). However, more recently, the suicide survivor definition involves anyone, regardless of familial relationship, that experiences intensive and ongoing distress in the aftermath of the suicide due to the loss of a close relationship with the deceased (Berman, 2011; Jordan & McIntosh, 2011).

Cerel, McInstosh, NeiMyer, Maple, and Marshall (2014) categorize suicide survivors into a continuum of four categories. The categories represent the level of closeness the survivor had with the deceased, the amount of disruption to daily life that the survivor experienced, and how long the disruption continued. The least impacted group is defined as individuals who are exposed to the suicide. Exposed individuals are individuals who did not have a social relationship with the deceased and do not experience long-term psychological distress following the suicide (Cerel et al., 2014). Examples of exposed individuals can include first responders and acquaintances of the deceased (Cerel et al., 2014). More individuals are exposed to a suicide than are affected or bereaved by a suicide. The next category defines individuals who are affected by suicide. Affected individuals are those who had a closer relationship with the deceased than the exposed individuals (Cerel et al., 2014). Affected individuals can include individuals such as classmates, team members, or neighbors (Cerel et al., 2014). The last two categories on the suicide survivor continuum are identified by the level of bereavement that the individual has experienced. The bereaved individuals often had daily or weekly contact with the deceased

(Berman, 2011). Individuals who are known as suicide bereaved, short-term, are individuals affected by a suicide and experience acute distress, but not long-term distress (Cerel et al., 2014). Individuals who may experience short-term bereavement from suicide often include family members, therapists, friends, and close work colleagues (Cerel et al., 2014). Finally, individuals who are identified as being bereaved long-term have been termed "suicide survivors" (Cerel et al., 2014; Jordan & McIntosh, 2011, p. 7). Suicide survivors often include family members, therapists, and close friends of the deceased, but can also include individuals who were exposed to the suicide if the exposed individual experiences long-term bereavement (Cerel et al., 2014; Jordan & McIntosh, 2010). Bereaved individuals are characterized by experiencing grief symptoms that require assessment and treatment to recover from the loss (Cerel et al., 2014).

Characteristics of the deceased and surviving individuals have been found to influence the degree of impact of the suicide. In general, the younger the deceased and the less there is any anticipation of the death, the greater the impact on the surviving individuals (Schneider et al., 2011). Surviving individuals who experienced the suicide at a younger age, are female, a first-degree relative, and had multiple exposures to suicide possess a higher risk of experiencing more impact (Cerel et al., 2017). In addition, female professionals, less than 50 years old, with less than five years of experience or between 11-20 years of experience were most likely impacted by the death of a client by suicide (Castelli-Dransart et al., 2014; Draper et al., 2014). So, how many individuals can be impacted by one suicide?

Survivor estimates. Crosby and Sacks (2002) estimated 425 individuals can be exposed to one suicide. Again, exposed individuals are acquaintances of the deceased and do not experience significant distress about the death (Cerel et al., 2014). However, the closer the relationship that the individual had with the deceased, the more distress the individual

experiences from the death (Cerel et al., 2014). There are less individuals that are significantly impacted (close relationships) than exposed individuals (acquaintances). For example, Berman (2011) estimated that the death of a partner or spouse impacts 60 individuals (e.g., work colleagues, neighbors). The death of a child can directly impact 80 individuals including approximately 30 classmates (Berman, 2011). Five to six immediate family members can be impacted by one death (Berman, 2011; Shneidman, 1973). Berman (2011) and Shneidman's (1973) estimates commensurate with the definition of a suicide survivor or someone that was closely embedded with the deceased and experiences long-term distress after the suicide (Cerel et al., 2014). The amount of impact that the suicide is likely to have on an individual depends on the degree of closeness that the individual had with the deceased.

Proximity. In general, the closer the relationship that one had with the deceased, the more impact that the individual will experience after the suicide (Cerel et al., 2014). Stated another way, the level of proximity that the individual had with the deceased or the crisis event, the more impactful the suicide will be for the individual (Myer & Moore, 2006). In the school setting, various individuals can demonstrate different levels of impact. For example, acquaintances of the student are exposed, classmates may be affected, friends, siblings or other family members can be bereaved (Cerel et al., 2014). The degree of closeness can also affect the adults in the school environment, such as teachers, staff, building-level administrators, school counselors, and other mental health care professionals.

Mental health professionals' proximity. Although most professionals do not experience a traumatic impact associated with a client's suicide, 1 in 10 professionals do report symptoms of long-term bereavement (Castelli-Dransart et al., 2014). Level of proximity has been found to be a determinant in the level of impact the professional experienced from the suicide. Higher and

moderately impacted professionals felt emotionally close to the patient and felt responsible for

the patient's care (Castelli-Dransart et al., 2015). Professionals experiencing less impact were

either in contact with the patient, but not emotionally close, or were no longer in contact with the

patient (Castelli-Dransart et al., 2015). Impact can also be evidenced by the degree of attachment

that the professional has with the employed institution. The more involved the professional was

within the institution, the more impact the suicide had on the professional. For example, male

psychiatrists who were not fully involved with the institution were less impacted by the suicide

of a client than female nurses working entirely within the institution (Castelli-Dransart et al.,

2015). The amount of relationship proximity also influenced how individuals impacted by the

suicide will react.

Reactions from suicide. The emotions of guilt, shame, and self-blame remain the typical

reactions of members of the school community after a student suicide, as well as shock and the

search for answers (Bachta & Schwartz, 2007; Cole et al., 2013; Jellinek & Okoli, 2012;

Kennedy-Paine et al., 2013). The search for answers often is provided in the form of suicide

awareness and typical grief patterns. Parents of surviving students typically need information to

educate their distressed children about the realities of suicide and coping strategies to help their

children through the grieving process (Jellinek & Okoli, 2012). Students and staff members need

time to process the death with teachers being educated about developmentally appropriate and

atypical reactions of students. Some students and staff members will require more intensive

mental health support to manage the crisis (Jullinek & Okoli, 2012). Building-level

administrators and school counselors who lead the crisis response and recovery efforts

experience similar emotions, but these emotions are often repressed due to the active engagement

with members of the school community (Bachta & Schwartz, 2007; Christianson & Everall,

2008, 2009; Fein et al., 2008; McGee, 2017). Most professionals' reactions and experiences with a suicide have been taken from the mental health and medical literature.

Mental health professionals' reactions. Mental health and medical professionals who experience the death of a client by suicide exhibit personal emotional reactions, such as, guilt, shock, helplessness, sadness, anger, and anxiety (Bell et al., 2012; Castelli-Dransart et al., 2014). Cognitive reactions from professionals include (a) intrusion of thoughts, such as thinking about the incident when they did not want to; (b) avoidance, such as, attempting not to think about it; and (c) hyperarousal, such as being more aware and sensitive to suicide warning signs (Castelli-Dransart et al., 2014; Takahashi et al., 2011). More professionals reported characteristics of intrusion than avoidance or hyperarousal. Careers of the professionals were also impacted. Professionals have experienced professional insecurity in competence skills, reduction in workload, blame and condemnation from family members of the deceased, and fear of being fired or sued (Draper et al., 2014; Matandela & Matlakala, 2016; Wurst et al., 2011). Christianson and Everall (2008, 2009) found similar reactions from Canadian school counselors who have experienced the death of a student by suicide, including frustration, anger, repressed feelings, loss of competence, fear of litigation, and accusations from the deceased family.

The difference between clinical mental health providers and school counselors' experiences with a student suicide is that school counselors experience the suicide personally and professionally in the midst of implementing crisis management and recovery services within their own places of employment. All of the reactions of each school member are contained in one building. The interactions among school members, including reactions and crisis management decisions, influence the amount of impact the crisis produces (Myer & Moore, 2006).

Reciprocal effect. There is a reciprocal effect that the crisis is likely to produce within the context of the school. Reciprocity exists between the interactions with the school community and the amount of change the crisis has produced in the school (Myer & Moore, 2006). Crisis planning efforts, proposed by the United States Department of Education Office of Safe and Healthy Students (2013), assists schools in providing a structure to respond to a school crisis and implement recovery efforts. However, school crisis often occurs without warning (Liou, 2015). Implementing the crisis plan can be an effective starting point, but adaptability, flexibility, and collaboration is also needed to appropriately respond to unexpected situations (Liou, 2015).

As noted above, the death of a student by suicide is likely to produce strong emotional reactions by all members of the school community, particularly those individuals who had a close relationship with the student (Cerel et al., 2014). Providing staff and students with normalcy in routine facilitates recovery (Liou, 2015; Suicide Prevention Resource Center, 2011). Keeping routine in mind, students and teachers alike benefit from social support to cope with the student suicide (Bachta & Schwart, 2007; Cole et al., 2013; Jellinek & Okoli, 2012; Kennedy-Paine et al., 2013; Schneider et al., 2011). Therefore, the school focus often changes from academic to emotional support during crisis response and recovery (Liou, 2015). The immediate response post-crisis can positively or negatively influence the school members' grieving processes (Wilson et al., 2015).

The change in focus significantly alters the building level administrators' and school counselors' typical school roles to lead crisis response teams (Bachta & Schwartz, 2007; McGee, 2017). The repressed feelings and amount of role change can particularly place the building-level administrator and school counselor at risk for emotional exhaustion and burnout (Crepeau-

Hobson & Kanan, 2013; McGee, 2017). Nonetheless, given time, most of those impacted by the suicide will no longer need mental health support.

Time. The passage of time allows individuals and systems to stabilize by the creation of relationships and the restricting of their lives without the deceased (Hirschowitz, 1973; Lindemann, 1944; Myer & Moore, 2006). Time also involves dates of remembrances. Dates of remembrances, which can be the anniversary of the crisis, holidays, or the deceased's birthday, are times when the individual or system reflects on the crisis (Bachta & Schwartz, 2007; Suicide Prevention Resource Center, 2011). Individuals will recall memories of the deceased as well as the schools' response and recovery efforts after the suicide (Bachta & Schwart, 2007). Some individuals will have memories that may be difficult to manage. Dates of remembrances should be anticipated by the crisis team in order to adequately respond to students and staff (Suicide Prevention Resource Center, 2011). With the exception of dates of remembrances, the passage of time allows individuals and the system to cope with the crisis.

Coping. Coping is defined by Lazarus (1993) as cognitive and physical actions that individuals perform to reduce internal or external stress. Social supports have been found repeatedly throughout the suicide survivor research to be the most common coping strategy of individuals who have experienced a suicide (Bachta & Schwart, 2007; Cole et al., 2013; Ellis & Patel, 2012; Jellinek & Okoli, 2012; Kennedy-Paine et al., 2013; Schneider et al., 2011; Séguin et al. 2014). In fact, if social support is not received or is insufficient, the recovery process can be hampered, with survivors withdrawing or concealing the death (Bell et al., 2012; Hanschmidt et al., 2016). In addition to social supports, self-disclosure and acceptance of the experience have also been found to be important coping mechanisms of individuals who have died by suicide (Levi-Belz, 2015).

Professionals impacted the most by suicide often go through a personal process to make meaning out of the tragedy (Castelli-Dransart, 2013; Veilleux, 2011). Many mental health care professionals have coped with a client's suicide through personal and professional social supports from family, engaging in professional consultation, participating in physical activity, and pursuing spirituality (Christianson & Everall, 2009; Séguin et al., 2014). However, professionals who did not receive sufficient support from their places of employment were more impacted by the suicide (Castelli-Dransart et al., 2014; Castelli-Dransart et al., 2015; Wurst et al., 2011). This study adds to the literature on school counselors' experiences following a death of a student in order to promote healthy outcomes for school counselors, including sufficient personal and professional support.

Summary

The review of literature revealed evolving theoretical foundations of grief, crisis, and ecology to understanding the impact of crises within a social context. The theoretical framework for this study was the crisis in context theory (Myer & Moore, 2006). Crisis in context theory is based upon the reciprocal experience of an individual (e.g., school counselor) and the context of the crisis (e.g., school). The amount of impact that occurs from a crisis depends upon proximity, reaction, relationships, change, and time (Myer & Moore, 2006).

Cultural perspectives of suicide have historically had and continue to have negative connotations toward the deceased and the survivors. Legislative actions have attempted to decrease the negative perspectives in early 21st century by increasing suicide awareness through school-based prevention activities. However, despite the prevention efforts, youth suicide has been increasing since 2000 (Dilillo et al., 2015; Logan, Yershova, et al., 2016; Trigylidas et al.,

2016; Adolescent and School Health; 2016b). Multiple fixed, social or environmental, and modifiable risk factors contribute to youth suicide, as well as youths' reluctance to seek help.

Protective factors such as strong school connectedness and positive peer and adult relationships have been identified in decreasing youth suicide (Govender et al., 2013; Langille et al., 2015; Marraccini & Brier, 2017; Whitlock et al., 2014). Therefore, the school provides an essential environment to implement crisis management activities, such as youth suicide prevention, preparedness, response, and recovery. School counselors are a crucial team member in executing crisis management activities with the professional organization identifying school counselors as an educational leader and a mental health professional (ASCA, 2017). However, due to the evolving school counselor's role within the schools, confusion exits about job responsibilities. The role confusion impacts the amount of confidence school counselors have in working with suicidal students and with crisis response and recovery efforts (Carlson & Kees, 2013).

When a student suicide occurs, the suicide can impact an estimated six to 425 individuals. (Berman, 2011; Cerel et al., 2014; Crosby & Sacks, 2002; Shneidman, 1973). The emotions of guilt, shame, and self-blame remain the typical reactions of members of the school community after a student suicide, as well as shock and the search for answers (Bachta & Schwartz, 2007; Cole et al., 2013; Jellinek & Okoli, 2012; Kennedy-Paine et al., 2013). As leaders of the school crisis team, the emotions experienced by school counselors are often repressed due to the active engagement in recovery efforts with members of the school community (Bachta & Schwartz, 2007; Christianson & Everall, 2008, 2009; Fein et al., 2008; Fineran, 2012; McGee, 2017). The repressed feelings and role change to the crisis leader can result in the school counselor experiencing emotional exhaustion and burnout (Crepeau-Hobson & Kanan, 2013; McGee,

2017). Mental health and health care professionals who do not receive sufficient support after a suicide from their places of employment are more impacted by a suicide (Castelli-Dransart et al., 2014; Castelli-Dransart et al., 2015; Wurst et al., 2011). Although school counselors are greatly involved in suicide-related efforts, there is limited research that identifies the personal and professional implications that a youth suicide has on the school counselor. The purpose of this study was to address this gap in literature to educate school counselors and administrators on the reactions of school counselors and to promote self-care.

CHAPTER THREE: METHODS

Overview

A youths' death by suicide can impact numerous individuals for a long period of time, including mental health professionals who knew them (Berman, 2011; Cerel et al., 2014). School counselors are trained mental health providers within the school environment where students spend most of their time. School counselors are often charged with providing counseling, consultation, and postvention activities to the school community following a death of a student by suicide (ASCA, 2017; DeKruyf et al., 2013; Fineran, 2012). However, there has been no research giving voice to school counselors who have experienced the death of a student by suicide in the United States. Therefore, a qualitative research design was implemented to explore the experiences of school counselors who have been impacted by a student suicide. The following chapter is divided into three sections. The first section describes the research design, states the research questions, and defines the setting for the study and the selection of participants. The second section explains the data collection methods and analysis procedures to derive meaning from the school counselors' first-hand accounts. The third and final section provides validity, reliability, and ethical considerations that were applied to enhance the trustworthiness of the study.

Design

A qualitative study was selected as the research design to best describe school counselors' experiences with a student suicide. There were two reasons why a qualitative design was selected. One reason was that a qualitative design gives a voice to the individuals who have lived through the experience by compiling descriptions of the experience through first-hand accounts (Creswell, 2013). The second reason was that previous studies have used a qualitative

design to describe the experiences of suicide survivors (Bell et al., 2012; Draper et al., 2014; Matandela & Matlakala, 2016). In addition to a qualitative design, a phenomenological design was chosen for the study. Phenomenology is the study of numerous individuals that have experienced a single phenomenon (Creswell, 2013). For this study, phenomenology focused on school counselors as individual professionals who have experienced the single phenomenon or event of the death of a student by suicide.

Other qualitative designs may have been used for the study. One qualitative design would have been a multiple case study. A multiple case study would describe the experiences of several different professionals and stakeholders in the school community who were impacted by a single event, which would be the death of a student by suicide. The purpose of a multiple case study is to provide a detailed description of the event through multiple perspectives (Creswell, 2013). Another qualitative approach would have been a grounded theory design. In a grounded theory design, I could have interviewed school counselors who have responded to the suicide in order to develop a theory about how school counselors progress throughout the aftermath of a student suicide. The findings of the grounded theory would be utilized to established understandings about experiencing a crisis within the context of the school environment. However, I wanted to specifically describe the experiences of one group of individuals, school counselors, who have been impacted by a single event, student suicide. Therefore, phenomenology was the best-suited method for the study.

More specifically, hermeneutic phenomenology research design was the design applied for studying the phenomenon of school counselors' experiences with student suicide. Hermeneutic phenomenology emphasizes the meaning of the life experience as opposed to recalling events of the life experience (van Manen, 2014). The foundations of the modern

hermeneutic phenomenology began with the writings of Hans-Georg Gadamer from Germany in 1960 (van Manen, 2014). Gadamer agreed with the previous hermeneutic philosophers such as Friedrich Schleiermacher, Wilhelm Dilthey, and Heideggar, to the extent that writings should be interpreted based upon the comprehensive understanding of the text within the original historical context (van Manen, 2014). Although Gadamer agreed with understanding texts broadly, he disagreed that the reader should interpret the text based upon the original historical perspective, but proposed that the interpretation of the text should be in light of the current socio-cultural environment (van Manen, 2014). Gadamer attached the meaning of all text to universal human experiences (van Manen, 2014).

Hermeneutic phenomenology is different than the other type of phenomenological design, transcendental phenomenology. Transcendental phenomenology focuses less on the meaning of the phenomenon and more on what the participants experienced and in what context the experience occurred (Creswell, 2013). In contrast, hermeneutic phenomenology is more concerned about the individuals' internal experiences (e.g. "the feelings, the mood, the emotions") with the phenomenon than in gathering factual information about event (van Manen, 1997, Protocol Writing section). Another important distinction between hermeneutic and transcendental phenomenology is that in transcendental phenomenology, the researcher engages in activities that attempt to remove researcher bias from the phenomenon in order to view the descriptive experiences from the participants without personal obstruction (Creswell, 2013). Hermeneutic phenomenology, on the other hand, emphasizes the experiences of the researcher as a co-human, living life with the participants in order to "offer…insights that bring us in more direct contact with the world" (van Manen, 1997, Phenomenological Research is the Study section). Hermeneutic phenomenology is a "project of…a real person, who, in the context of

particular individual, social, and historical life circumstances, sets out to make sense of a certain aspect of human experience" (van Manen, 1997, Turning to the Nature section, para. 1).

In hermeneutic phenomenology, the experience through which a person has lived is the beginning of research inquiry (van Manen, 1997). As a human researcher, I have professionally experienced the death of a student by suicide. It would be impossible to completely remove my experiences and understanding when studying the phenomenon (van Manen, 1997). In addition to having lived through the experience, a shared passion for the phenomenon must also be present within the researcher and the participants (Patton, 2015). The researcher's role is to generate reflections of living through the phenomenon from the participants (van Manen, 1997). The participants' experiences of the phenomenon are gathered through data collection methods, such as, interviewing, journaling, or visual media that, when analyzed, produces vivid illustrations of what living through the phenomenon was like. Finally, the researcher invites the participants to assist in the verification of thematic meanings by engaging in an "interpretive conversation" about the data (van Manen, 1997, Interpretation through Conversation section). The dialogue between the researcher and the participants focuses on answering the research questions.

Research Questions

Central Question

How do school counselors describe their experiences following the death of a student by suicide?

Subquestions

1. How do school counselors describe their reactions when a student dies by suicide?

2. How do school counselors perceive their professional involvements in postvention activities following a student suicide?

3. How do school counselors cope after the death of a student by suicide?

Setting

School counselors who are employed in public schools in the United States participated in the study. The rationale for the setting is supported by the demographics of the youth that die by suicide. According to the U.S. Department of Health and Human Resources, Violence Prevention division (2017), youth males and females of all ethnicities and geographical locations die by suicide. Specifically, school counselors that were employed in the following states were represented in the study: New Jersey, Virginia, West Virginia, Ohio, Illinois, Colorado, and Texas.

Participants

Purposeful sampling was employed to select eleven school counselors who have experienced the phenomenon (Patton, 2015). Purposeful sampling is a technique that identifies participants based upon the participants' experiences with the phenomenon in order to provide a depth of knowledge to achieve the purposes of the study (Patton, 2015). The number of participants was based upon qualitative research methods that emphasize a small sample size to provide concentrated data of the participants' experiences. The concentrated data were gathered by several data collection methods and dialogues prior to saturation, or fullness, of the data collection (van Manen, 1997).

Several strategies were used to identify potential participants who have experienced the phenomenon while attempting to attain maximum variation by selecting participants from different educational institutions, school levels, and geographical locations. Strategies such as

snowball sampling, also known as social networking, were employed to gain a variety of perspectives of the shared experience (Creswell, 2013). The procedures for eliciting participants was initiated by personally contacting school counselors who had been identified through snowball sampling and my own personal knowledge. I initiated contact with the potential participants through a variety of communication methods, including phone contacts and emails. After attempting to secure participants through word of mouth, I contacted the presidents of state school counseling organizations for permission to post on the organizations' listserv for recruitment of participants. I also contacted school counseling directors of state departments of educations as well as local district departments of education. When needed, I completed and submitted formal requests to local school districts for permission to initiate the study with the district's school counselors. Lastly, I sought and received permission to post for recruitment of participants on two school counselors' discussion boards.

In order to correctly identify potential participants, a demographic survey was used to determine eligibility (see Appendix A). The survey included the age and gender of the potential participant, when and where certification in school counseling was obtained, the length of time practicing as a school counselor, if the potential participant experienced the death of a student by suicide, where and when the potential participant was employed when suicide occurred (type of school/geographic data), how long since the suicide occurred, and contact information.

The specific demographic questions were asked for various reasons beyond verifying potential participants experiences with the phenomenon and seeking maximum variation. Demographic information, such as age, gender, and length of time in the profession has sometimes been found to be related to the level of impact the suicide had on the professional (Castelli-Dransart et al., 2014; Castelli-Dransart et al., 2015; Draper et al., 2014; Wurst et al.,

2011). In addition, length of time since the death was significant to verify with the potential participants for two reasons. The first reason was due to the reflective nature of a phenomenon that makes memories of the experience more readily to recall when the experience occurred in the near past. Secondly, previous studies have utilized a five-year timeline when asking participants to recall the experiences of a death by suicide, again to secure optimal reflection of the experience (Castelli-Dransart et al., 2014; van Manen, 1997).

Table 1 (below) describes the demographics of the participants. Demographics for the schools' geographical locations were verified through the National Center for Educational Statistics (NCES) and based upon the four locale categories as identified by the NCES (Geverdt, 2015; The Common Core of Data, 2017). Geographical locations are divided into city, suburb, town, and rural. A city is defined by a location inside an urbanized area. A suburb is defined by a location inside an urbanized area, but outside of the main city of the area. A town is defined as an area inside an urban cluster that is no more than 35 miles from an urban area. Finally, a rural area is defined as a territory that is farthest removed from a city and is not part of an urban cluster, like a town.

Table 1

Participant Demographics

Characteristic	Male	Female	Total
	(*n*=3)	(*n*=8)	(*n*=11)
Age			
25 years or younger	0	0	0
26-35	1	3	4
36-45	2	3	5
46-55	0	2	2
56-65	0	0	0
Years of Experience			
5 years or less	1	1	2
6-10	2	2	4
11-20	1	4	5
21-30	0	0	0
School Geographical area			
City	0	0	0
Suburb	0	4	4
Town	1	0	1
Rural	2	4	6
Grade Level of School			
PreK-5	0	0	0
6-8	0	3	3
9-12	3	5	8
Length of time since suicide			
6 months or less	1	2	3
7-11 months	0	2	2
1 year	2	1	3
2 years	0	1	1
3 years	0	2	2
4 years	0	0	0
5 years	0	0	0

According to the demographic data, more females participated in the study (Females-73%, Males-27%). Most participants were 36 to 45 years old (45%) with 36% being in the age range of 26-35 and 18% being between 46-55 years old. Most of the school counselors had 11 to 20 years of experience within the school counseling field (45%) with 36% having 6-10 years of experience, and 18% having five years or less experience in the field. Most of the participants worked in rural areas (55%), while 36% worked in suburban area schools, and less than 1% were employed in a town. Most of the participants experienced the death of a high school student by suicide (73%) while 27% experienced the death of a middle school student by suicide. All the participants experienced the death of a student by suicide within the past three years, with most (73%) of participants experiencing the death of a student suicide one year ago or less. Less than 1% of participants experienced the death of a student by suicide within the past two years, while 18% experienced the death of a student by suicide within the past three years.

The participants represented national trend data of school counselor and youth suicide statistics. The majority of school counselors are female, are an average age of 42 years old, and have nearly nine years of experience (Gilbride, Goodrich, & Luke, 2016). National trend data also support that older students die by suicide more often than younger students, and youth from rural areas die by suicide nearly twice as often as youth from urban areas (Fontanella et al., 2015; Kegler, Stone, & Holland, 2017; Violence Prevention, 2017)

Procedures

An application to the Institutional Review Board (IRB) was submitted to seek approval for the study. Upon approval from the IRB (see Appendix B for approval letter), I began eliciting participants for the study through the purposeful sampling procedures, including personal contacts to individuals who have been known to have experienced the phenomenon and

requesting permission to post on state school counseling listserves. I initially emailed potential participants a recruitment letter and demographic survey. Once the potential participant verified that he or she met the criteria for the study through the completion of the demographic survey, a follow-up email was sent with an attached consent form and a request for an individual interview. An individual interview was scheduled with the participant.

When the individual interview was completed, I emailed the participant, the next day, the journal prompts to be completed through SurveyMonkey. The participant had two weeks to return the completed prompts to me electronically. Finally, once 11 participants had completed the individual interview and the journal prompts, a focus group was scheduled with the selected participants. The focus group was conducted through TodaysMeet, a secure, educational, chat-based platform. Interview data were audio-recorded and transcribed verbatim by a professional transcriptionist throughout the data collection process. The journal and the focus group responses were gathered at the time of the participants' completion. The analysis of the data began immediately after each set of data was collected. Holistic, selective, and detailed analysis resulted in theme development of the participants' meaningful experiences. A hermeneutic design was used to analyze and interpret the data of school counselors' experiences following the death of a student by suicide due to my own experiences of the death of a student by suicide.

The Researcher's Role

The hermeneutic design was appropriate due to my personal experiences with the phenomenon (Patton, 2015). I professionally experienced the death of a pre-teen student by suicide. I had been professionally conducting individual counseling with the student for about a year prior to the time of the suicide. When notified at home of the suicide by the school administrator, I was shocked, but was devoted to initiating the postvention activities of the

school community, notifying parents and supporting the deceased student's friends. In the midst of the activities, I was also questioned by the police and blamed by the family. I became fearful of potential consequences, personally and professionally, and began searching for another career. I restricted my involvement in providing individual and group counseling to students. However, my emotional turmoil of guilt and fear lifted after I was finally able to cope after the school year concluded, through exercising, praying, and worshipping the Lord. I then could cognitively process the events and rationally determine potential causes of her death. I began counseling students again, but was more cognizant about asking students about self-harm and suicide. I found pleasure and purpose in my professional work again and learned the faithfulness and goodness of God.

Having lived through a student suicide, I have an assumption that school counselors may have experienced similar emotions, thoughts of professional uncertainty, and coping strategies that I experienced. However, one difference is that my personal experience is one of a school psychologist, not a school counselor. A school psychologist often has a different role than a school counselor. A school psychologist is regularly employed in a variety of schools for the purpose of conducting special education evaluations to determine eligibility. The school counselor, on the other hand, is often located within one or two schools for the purpose of counseling, consulting, teaching, or acting as an educational leader.

As the human instrument that analyzed and interpreted this qualitative study and due to my personal experiences with the phenomenon, I engaged in the continuous process of self-reflection when interacting with the data in order to gain access to the purest meaning of the experience. The self-reflection processes that I engaged in were epochě and reduction. Epochě or bracketing is the process of reflecting on my own experiences and setting aside my assumptions

(Schwandt, 2015). I accomplished epochė by keeping a reflection journal. I often wrote in the reflection journal after the first, holistic, reading of the participants' data was obtained. After bracketing my own thoughts, I was able to engage in the reduction process. The reduction process involved returning to the content of the data and gathering insight into the participants' experiences through the participants' points of view (van Manen, 2014).

In addition, to my own self-reflection processes, I was careful to reduce bias by selecting participants who were unknown to me, personally and professionally. I also encouraged participants to review the raw data, preliminary coding and the interpretations (van Manen, 1997). Finally, I was cautious to assume the role of a researcher when interacting with the participants and not a therapist or colleague. As a researcher I was vigilant in guiding the participants in sharing their stories according to the purpose of the study rather than interacting with the participants in a therapeutic context. In order to gather information to conduct the study, I requested that participants completed three methods of data collection.

Data Collection

Three data collection methods were chosen to elicit school counselors' stories of their lived experiences of the death of a student by suicide: individual interview, journaling prompts, and focus groups. The sequence of the data collection was individual interview, journal responses, and group or focused interview. This particular sequence was chosen due to the sensitivity of the topic and research design. The topic sensitivity requires the development of rapport to achieve security for the participant in sharing information and to reduce emotional distress retelling about the experience (Mitchell & Irvine, 2008). The research design suggests that personal information should be obtained during an individual session, journaling is more

reflective than the individual interview, and the focus group is less invasive and can be used to collaborate with like professionals and bring finality to the study (van Manen, 1997).

Interviews

Interviews are defined as a means to "gather…stories" (Patton, 2015, p. 426). Interviews serve two purposes in hermeneutic phenomenology. The first purpose is to collect personal accounts of a lived experience (van Manen, 1997). The second purpose is to initiate conversation with the participants to develop meaning of the experience (van Manen, 1997). Interviews were appropriate forthis study to gather first-hand descriptions of school counselors who have experienced the death of a student by suicide and to provide personal interpretations of the human experience. Initial interviews were conducted individually, face-to-face with the selected participants.

Qualitative research emphasizes direct contact with the participant in the participant's natural environment to collect data (Creswell, 2013). If individual face-to-face interviews were logistically impossible to conduct, then individual interviews occurred through Skype, through which the participant and I continued to engage in a modified face-to-face interaction within the participant's natural environment. The interviews were scheduled at the preferred time of the participant, but in a quiet and private location. A combined interview strategy of an interview guide and an informal conversational interview was conducted (Patton, 2015). The interview guide provides structure and sequence to ensure the exploration of the phenomenon (Patton, 2015). An informal conversational interview provides an opportunity for the researcher and participant to review previous responses to expand and progress to the next phase of inquiry (Patton, 2015). The interviews were audio-recorded with the researcher also taking notes, as needed, to prompt the participant for more information (Patton, 2015).

In developing the following interview guide for the individual interviews, I reviewed and closely followed van Manen's (1997; 2014) data collection techniques. Van Manen (1997; 2014) recommended that the inquiry remain closely related to the phenomenon, specific examples be requested, and a deep exploration of the particular experience ensue. Van Manen (2014) also proposed that memories are recalled by eliciting the senses. Therefore, questions were developed to expose the senses.

1. Tell me why you chose to pursue a school counseling career.

2. Tell me about your graduate school experience.

    Curriculum; practicums—where and experience with school and supervisors; counseling experience, crisis response; consulting

3. If I followed you through a typical day, what would I observe you doing?

4. What are your favorite school counseling activities? What are your least favorite?

5. Let's talk about the student suicide. Tell me a little bit about the student. What was the student like? Did the student participate in school activities? Was the student well known? How did peers/staff relate to the student?

6. Describe your relationship with the student.

7. Tell me about the day that you found out that the student died by suicide. How did you feel? What were your thoughts?

8. Describe for me the thoughts and feelings you had when you walked into the school the first day after the suicide occurred.

9. Tell me what was unusual in the environment. What did you see that was different? How did the students and staff react? How did you respond to the students' and

staff's reactions? Tell me about the postvention activities, school environment, staff activities, and reactions of peers.

10. Describe for me your feelings about the environment.

11. Tell me about your role as a school counselor during the aftermath of the suicide.

12. Give me an example of a hard day (your thoughts, feelings, mood) while living through this experience.

13. Tell me how you got through the hardest days.

14. What would I see you doing now that you did not do before the suicide occurred: Personally and professionally?

15. Reflecting upon the experience, what advice would you give a school counselor-in-training that would help prepare them for this experience?

16. One final question, what else would you like to share with me about living through this experience?

Questions 1 through 4 are experience questions (Patton, 2015). Experience questions focus on gaining information about the participants' past and present activities (Patton, 2015). Experience questions are direct recall and are often at the beginning of interview to build rapport (Patton, 2015). The particular experience questions were chosen to explore the counselors' training and current roles (Morris & Minton, 2012). Questions 5 and 6 are knowledge questions to elicit information about the student's characteristics and relationship with the therapist. Student characteristics and level therapist-client relationship have been found to be related to the amount of impact the student's death had on others and the system (Berman, 2011; Castelli-Dransart et al., 2015; Myer & Moore, 2006; Patton, 2015; Schneider et al., 2011). Question 7 is an experience question describing the initial experiences of the phenomenon. Question 8 is a

feeling question about entering the school building after the aftermath of the suicide. Question 9 is a sensory question eliciting information about what was seen at the school after the suicide occurred. Question 10 is a feeling question about the school environment and the counselor's role, particularly in regards to postvention activities (Carlson & Kees, 2013; Fineran, 2012; Walley & Grothaus, 2013). Questions 11 and 12 are experience questions about the hardest days and coping strategies of the phenomenon (Bell et al., 2012; Castelli-Dransart et al., 2014; Christianson & Everall, 2009, 2008; Draper et al., 2014; Matandela & Matlakala, 2016; Wurst et al., 2011). Question 13 is a knowledge question about the personal and professional changes that occurred having experienced the phenomenon (Castelli-Dransart et al., 2014; Takahashi et al., 2011). Question 14 is an opinion question that provides information to those who have not experienced the phenomenon. Question 15 is a final, closing question that permits the participant to add any other information (Patton, 2015).

Journals

Journaling provides a deeper reflection into the participants' experiences with the phenomenon (van Manen, 1997). The purpose of journaling is to gather self-reflective and significant information related to the lived experience, past and present (van Manen, 1997). Participants had an opportunity to respond to five journal prompts. The journal prompts were given to participants using SurveyMonkey, a free online network in which to privately post and answer questions. The journal questions were available for participants after the initial interview was completed. The participants were able to answer the prompts in one setting or over a period of time, but not to exceed two weeks after the initial interview.

1. What is your favorite memory of the student?

2. Describe for me the feelings that you experienced from the initial knowledge of the suicide until now. How did the feelings change?

3. Tell me the most difficult memory living through the experience.

4. Tell me how you have changed the most; what did you see at work that you didn't see before; what do you see at out of work that you may not have noticed before?

5. What would you tell your student if you had a chance?

Questions 1, 3, and 5 are opinion questions that attempt to elicit interpretative information about the phenomenon by reflecting on the past (Patton, 2015; van Manen, 1997). Question 2 is a feeling question, providing information during the process of experiencing the phenomenon (Patton, 2015). This question was designed to gather information about the level of impact experienced by the school counselor (Cerel et al., 2014; Myer & Moore, 2006). Finally, question 4, an opinion, aims to gather information on how the school counselor has changed since the experience (Castelli-Dransart et al., 2014; Takahashi et al., 2011).

Focus Group

Focus groups emphasize diversity, commonality, and networking while simultaneously collecting quality data. A focus group was conducted with a selected number of participants who participated in an individual interview and journaling. The focus group was the final stage of data collection. The focus group was conducted via internet in a real-time format. The focus group consisted of six school counselors who have experienced the death of a student by suicide (Patton, 2015). The school counselors were selected based upon similar backgrounds (Patton, 2015). High school counselors were selected as the focus group participants because more high school counselors participated in the two initial data collection methods and high school counselors typically experience the death of a student by suicide more than elementary and

middle school counselors. The following questions were asked in the focus group and are in light of Patton's (2015) recommendations for focus group interviews, including a limited number of questions and avoidance of personal inquiry.

1. What is your opinion about the school counselor's role in providing suicide assessment, intervention, and postvention activities?

2. How do you think your graduate training prepared you to engage in suicide related activities?

3. Tell me about your school administrators' receptiveness for the school counselor to engage in suicide-related activities.

4. What has changed in the school as a result of the suicide? More assessments? Crisis plan, crisis team that meets regularly to review the plan and to role play?

5. Tell me what could have helped reduce the impact of distress that was experienced (staff, students, parents, mental health professionals, administrators). What do you think school administration could have provided, but didn't? Is there anything that you wish you would have done differently in seeking personal or professional support?

6. What do you wish other school counselors could know about living through the death of a student by suicide?

The focus group questions asked the participants collaboratively about their opinions of the school counseling profession in light of experiencing the death of a student by suicide. The answers to the questions will provide practical information to various school stakeholders, school counselors, and other mental health professionals from the learned experiences to provide

practical significance to the study (Cole et al., 2013; Fineran, 2012; Quevillon et al., 2016; Thompson et al., 2011; Wardle & Mayorga, 2016; Yamamoto et al., 2014).

Data Analysis

The transcribed data gathered from the individual and group interviews as well as the journal prompts provided by the participants were singularly and holistically analyzed to interpret the meaning of school counselors' experiences of the death of a student by suicide (van Manen, 1997). Van Manen (1997) asserted that there is no systematic process that one undergoes to generate an interpretative conclusion. However, van Manen (1997) did recommend that seeking meaning of the phenomenon can be produced by engaging in holistic, selective, and detailed analysis of the text. Holistical analysis is viewing the text as a whole to gain understanding of the main idea (van Manen, 1997). Selective analysis is the process of confining the data to a select portion of the text. Finally, detailed analysis is the process of focusing on single sentences or a cluster of sentences to gain meaning of the text (van Manen, 1997). Based upon van Manen's (1997) recommendations, I examined the data by completing all three methods of data analysis: holistically, selectively, and by detail analysis.

Specifically, the demographic data gathered from the eligibility survey were reviewed to provide information regarding the context of each participant (Patton, 2015). The participants' genders and ages as well as the schools' geographical locations and grade levels were analyzed for details regarding the specified participants. The demographic data of each participant were then synthesized with other participant data to generate a holistic reflection of all the participants. Finally, the demographic data were then compared to data reflecting the national representation of school counselors.

Data from the individual and focus group interviews were transcribed by a professional transcriptionist. After the transcription was completed, the interviews as well as the journal responses underwent multiple data analysis strategies. Coding was used throughout the data analysis process. A code is a word or a phrase that I generated to identify the meaning of the participant's text. Coding was used in the process of analyzing the content of the data to identify, organize, and categorize the content of the data for each participant. Once the content analysis was completed, I shared the identified codes with the individual participant who provided the content to verify accuracy of the experience (van Manen, 1997).

Next, cross-case pattern analysis was utilized to synthesize individual participant's data with other participant data. In cross-case analysis, similar codes of each participant were merged to create a category that described the experience among participants. The categories were then analyzed based upon quantity and significance. The categories with the largest volume of data or were substantial in understanding the experience were identified as preliminary themes that reflected the holistic experiences of the participants. When the preliminary themes were developed, I again shared the findings with the participants in order to engage in a dialogue about the experience (van Manen, 1997). When identifying themes, I was mindful of van Manen's (1997) guidance that a theme is essential to the phenomenon and if the theme is extracted, the phenomenon would not be the same (van Manen, 1997).

In addition to coding and analyzing the data sources individually and across cases to identify themes, I also utilized the data to expressively portray school counselors' experiences of the death of a student by suicide. I expressively portrayed school counselors' experiences by sharing school counselors' first-hand accounts of living through the death of a student by suicide. Specific participant data were extracted to represent the best portrayal of the phenomenon and

provide evidence of the identified theme. The first-hand accounts of the participants were "reworked into reconstructed life stories, or…anecdotes…" that were used to personify the experience of the phenomenon (van Manen, 1997, Analytically section).

Interwoven throughout the research process, including data collection and data analysis, I, as the researcher, was cognizant of protecting the integrity of the data through activities that promoted trustworthiness. Trustworthiness includes credibility, dependability, transferability, and confirmability.

Trustworthiness

Trustworthiness refers to the quality of the study (Schwandt, 2015). In order to accomplish trustworthiness, I engaged in various activities, as the researcher, to promote credibility, dependability, transferability, and confirmability of the data. Activities to promote trustworthiness began at the outset of the research inquiry and continued to the completion of the study.

Credibility

Credibility refers to the believability of the study's findings (Houghton, Casey, Shaw, & Murphy, 2013). Credibility was achieved through triangulation and member-checking (Creswell, 2013). Triangulation involved using various data sources to generate collaborating evidence among sources (Creswell, 2013). Triangulation began with the use of three data collection methods for each participant. In triangulating data sources, I derived consistency across each source of data by reviewing each type of data individually and holistically (Patton, 2015). I also utilized triangulation by inviting participants and stakeholders to review the data for content credibility and identified themes. Stakeholders included the dissertation committee and research consultant. The stakeholders critically reviewed the data and the interpretation of the data

(Patton, 2015). In addition to triangulation, member-checking was also used to enhance

credibility (Creswell, 2013). The process of member-checking allowed the participants to review

the contents of the transcripts and preliminary codes for dialogue verification. Member-checking

was also supported by the hermeneutic method to derive interpretation (Creswell, 2013; van

Manen, 1997).

Dependability and Confirmability

Dependability strategies were utilized to strengthen the reliability of the findings

(Houghton et al., 2013). There were two ways that I achieved dependability: an audit trail and

reflexivity. An audit trail thoroughly presented and addressed the methodological and

interpretative choices of the researcher throughout the research process along with a justification

for making the choices (Houghton et al., 2013). In other words, I precisely described the data

collection and analysis procedures and supported the chosen procedures through research-based

documents. In addition to the audit trail, I engaged in self-understanding, or reflexivity,

throughout the research process (Patton, 2015). Reflexivity was accomplished by utilizing a

journal to write personal thoughts and feelings throughout the research process, including prior

to and subsequent to interviewing and reviewing the data.

Similarly, confirmability, or ensuring the accuracy of data, was also accomplished

through the audit trail and reflexivity (Houghton et al., 2013). In addition to the audit trail and

reflexivity, my time spent with the participants during multiple sessions while gathering data and

interpreting the results also allowed for confirmability by clarifying the data with the participants

(Patton, 2015). For example, if a response from the participant was unclear or if further

prompting was warranted upon reflecting upon the previous data collection, I asked the

participant for clarification during follow-up correspondence (van Manen, 1997).

Transferability

Transferability refers to the likelihood that the study's findings can be transferred to different settings and people (Houghton et al., 2013). Transferability was enhanced by the recording of precise data collection and data reporting procedures accompanied by thick, rich descriptions in the interpretation of the data (Patton, 2015). Van Manen (1997) stated that a "Good phenomenological description is something that we can nod to, recognizing it as an experience that we have had or could have had" (Description or Interpretation? Section). Providing a transparent and understandable account of the methods generated a possibility of more fluid transferability of the results for school counselors across the United States, other mental health professionals, and the stakeholders within the school community.

Similar to planning for trustworthiness to protect the data prior to implementing the study, ethical considerations were also pre-determined to protect the interests of the participants.

Ethical Considerations

Many activities were planned to ensure protection of the participants prior to the initiation of the study, including confidentiality, privacy, and pre-planned therapeutic contacts. First, confidentiality was addressed by giving participants anonymity through the use of pseudonyms and private access to data. Anonymity was achieved by assigning pseudonyms to each participant alphabetically by order of participation. Furthermore, all attempts were made to avoid the use of the deceased's name; however, if the deceased's name was used then a pseudonym was also given to the deceased in an alphabetized fashion. For example, the first participant will be given a pseudonym beginning with "A" and the deceased will also be given a pseudonym beginning with the letter "A", such as Annie will have experienced the death of a student named Andrew and Brian will have experienced the death of a student named Beatrice.

In addition to anonymity of participants and the deceased, anonymity of data was pre-arranged. The data were stored in a locked cabinet at the researcher's home with a hidden key to prevent random access to the data.

Privacy was protected by gaining informed consent. Informed consent was obtained by sending a letter via email to explicitly describe the purpose of the study and activities planned for the participants in the study. The informed consent gained written permission from the potential participant to partake in the study as well as to inform the potential participant of the right to withdraw at any time without consequence (Patton, 2015).

Finally, due to the sensitivity of the topic, the potential existed that some participants may relive the experience and develop acute distress from sharing their stories (McCosker, Barnard, & Gerber, 2001). In the event of significant stress from the participant, I planned to make a decision with the participant, to proceed or cease with the data collection (Patton, 2015). Although I planned for an event such as this, I did not need to enact this decision for any of the participants. However, for all participants, I pre-identified and suggested potential therapists with contact information within the participants' geographical areas prior to the study. The contact information of the potential therapist was given to each participant prior to beginning the data collection.

Summary

In summary, a hermeneutic phenomenological study was proposed to describe the experiences of school counselors affected by the suicide of a student. After receiving IRB approval, purposeful sampling was enacted to acquire participants. Maximum variation of participants was pursued by seeking certified or licensed school counselors who have been employed in a public or private Prek-12th grade school and who have been affected by the death

of a student by suicide within the past five years. Criterion based and snowball sampling were utilized to gather participants. Multiple data collection methods, including individual and group interviewing,and response journals gathered information about school counselors' first-hand experiences of professionally encountering a student death by suicide. Holistic, selective, and detailed data analysis was utilized to generate collective themes of the phenomenon to gain insight of the phenomenon. The study included several embedded safety measures to ensure trustworthiness of the data, as well as ethical considerations to protect the participants.

CHAPTER FOUR: FINDINGS

Overview

Chapter Four contains the findings of the study that were gathered through school counselors' interviews and journals for the purpose of describing school counselors' experiences with the death of a student by suicide. Chapter Four begins with a description of each participant. Next, the data are presented in frequency tables of the codes that were used to identify data themes. A description of the theme development is then presented. Next, data are presented according to the themes generated through the coding process. Finally, the research questions are answered using the data collected from the participants, followed by the summary of the chapter.

Participants

The 11 school counselors who participated in the study are a diverse group of individuals. Some school counselors have many years of experience while others are relatively new to the field. Some school counselors have prior work experience in other professions while others began their professional careers as school counselors. Still, some school counselors serve students in rural areas, while others serve in urban areas. Some work in wealthy neighborhoods, while others work in impoverished areas in the United States. The following descriptions assist to portray the unique context of each participant.

Abby

Abby is a tall, athletic female in her upper 20s-early 30s with three years of experience as a school counselor. Her love for sports was quickly evident in the content of her initial greetings about college athletics. Although Abby is an avid athlete, she recently traded in her coach's whistle to better serve her family as a wife of a high school basketball coach and a new mother. Abby exhibits high energy and enthusiasm. Her office is small, but Abby manages to have two

computer screens on her desk. Abby quickly began telling her story of working in a larger district, as a teacher and then a school counselor, that was plagued with one or more student suicides a year. Abby was one of eight school counselors in the high school, with 450 students on her caseload. In her two years of being a school counselor in her previous district, Abby experienced one suicide each year. Although the suicides were common, leaving her feeling, "numb," Abby stated that one student suicide "was more difficult because I knew the student personally and had her on my counseling caseload." The student's death occurred less than six months prior to my interview with Abby.

Though Abby relocated to a small, rural district this year, which has not encountered such calamity, her experiences with student suicide prevail in her role as a school counselor. Abby stated that although she is serving in a different district, the experience, "is something that [she] hold[s]" onto. Abby actively initiates and engages in conversations with the current administration to bring awareness to student suicide. She stated that the new administration, "know[s] where I come from and what I come from and how it can happen." Abby seeks an answer to the question "How do we make this different?" by educating the school staff about suicide, knowing student culture, and developing relationships with students, teachers, and administrators.

Barbara

Barbara is short in stature with kindness penetrating through her clear blue eyes. She is in her upper-40s to mid-50s. Barbara has been practicing school counseling for 19 years in the same rural school district. She is a cornerstone in the modern but traditional two-story building that houses all the educational entities of the district: the elementary, middle, and high school, as well as the district offices. Prior to entering her large office, there is a fashionable living

room style lobby in which students are welcome to congregate. Her office further lends itself to facilitate conversation and an atmosphere of ease with a round table and four chairs. Other items are available, such as play dough and a large bouncy ball.

In Barbara's 19 years as a school counselor, she had been exposed to two student suicides, however, Barbara was not as impacted as strongly with the first suicide, stating, "[the student] was in middle school and selfishly I thought, "Thank goodness it wasn't mine but [then] it was." Since Barbara's philosophy is that "kids are first," she focused on providing support for the grieving student body and delayed her own grief reactions, stating, "we [staff] did not think too much about ourselves at first and at the end of the day when [the] kids left, it hit us."

After experiencing the suicide three years ago, Barbara now trains students to be the eyes and ears of the school. Through her training, upper-classmen become leaders through a mentoring program to build peer relationships and enhance school connectedness. With Barbara's guidance, students learn to "take care of themselves and take care of each other."

Carrie

Carrie presents herself as a young, soft-spoken, rather timid female aged 26-35 years old. She has been a school counselor for seven years, having served in the middle school for two years, prior to relocation to high school nearly five years ago. Carrie has a sensible sense of style that would appear to relate well to the rural, agricultural high school population that she now serves. When choosing a career, Carrie stated that she "always wanted to help other people." She entered the school counseling profession as a result of her own childhood experiences, stating, "I went through some hard stuff as a kid and…it would have been helpful to have someone to talk to." Now, Carrie "spend[s] a lot of time actually talking [to students] about personal stuff."

In regards to the first student suicide that she experienced as a school counselor that occurred nearly one year ago, Carrie reported:

> I honestly did not know him very well. He was pretty quiet from what I understand. He was not someone who ever came to our office, the guidance office….He was not really involved with much at school. Outside of school, he had a good group of friends that seemed to really care about him, was really close to.

Carrie is genuinely empathic and sensitive to the needs around her. The hardest part of the experience for her was "seeing how it impacted his family and friends." She reported that the student suicide was a "sad situation that you do not want [anybody] to go through."

Drew

Drew possesses a charismatic personality. He is in his early 40s and has been practicing school counseling for nearly 20 years. He is expressive in his attire and his actions. He immediately welcomed me, was appreciative for the opportunity to tell his story, and gave his undivided attention and time. Drew is an "encourager." His language is descriptive and strength-based when articulating the characteristics and actions of others, particularly of the other two school counselors he works with, which makes the team approach, "a blessing." Drew stated of one school counselor that she, "is more comfortable with clerical things…she is good at it. She is great at it." Of another counselor, he stated that "he has this beautiful [scholarship] instrument that works so well." While the other school counselors' strengths were noted in clerical or career and job readiness duties, Drew expressed enjoyment in counseling students who are experiencing personal issues. "It is not uncommon for a student to be waiting" to talk about an issue when he arrives at school in the morning. Drew reported that it is "really gratifying when kids have those Aha! moments," stating, "I love that!"

Although Drew assisted another school counselor in responding to a death of a middle school student by suicide nearly five years ago, the suicide death of a high school student that attended school in his building left Drew responding in "complete, disbelief and…that feeling of 'wow'. I think as a counselor you take it upon yourself [to ask], 'Were there signs?'… You just start thinking 'What could I have done?' 'What should we as a school have done differently?'" After experiencing the death of a student by suicide a year ago, Drew continues to "see…student[s] for who he or she is, but …[is] constantly thinking about [the suicide of the student when working with other students].

Ethan

Ethan, who is in his early 30s, opened the door for me as I entered the rural high school late one afternoon. He was wearing a black t-shirt with an American flag on the front, jeans, and brown dress shoes. Prior to becoming a school counselor six years ago, Ethan worked as a youth pastor for two years and in Juvenile Corrections for five years. Feeling discontent with previous work experiences, Ethan was determined to find a career that reflected his values; "…the most important thing is having family time... There were a lot of issues growing up. My parent[s] split, there was no family time." Ethan is diligent in spending time with his wife and two-year old son daily, despite the enormous amount of work he regularly takes home and completes after his son is in bed for the night.

Ethan is the only high school counselor with nearly 300 students. Ethan quickly refers to the students that he serves as, "my kids." He takes his job, "personally" and is often "emotional" when hearing students' negative life experiences, stating, [it] "breaks your heart," but he is also the students' biggest supporter, admitting, "Gosh darn it, we have some of the greatest kids in the world." Ethan experienced his first student suicide nearly two years ago, just as the school year

was wrapping up. The end of the year suicide did not create too much disruption to Ethan's school counseling role. However, less than six months ago, Ethan experienced his second student suicide. This time, the experience has been "exhausting" for Ethan. A freshman died by suicide 14 days into the new school year, generating a surge of students reporting suicidal ideations and attempts. Ethan reported, "It took a toll on me because it was nonstop." Ethan and the high school administration have been persistent in introducing programs and support for students this year, but Ethan's fatigue is obvious as he stated, "We try to keep fighting the good fight…It's just an uphill battle."

Faith

Faith serves as the only school counselor in a small, rural, alternative high school serving "at risk students" who are referred by their home schools based on the students' behavioral challenges that make learning difficult within the general school environment. The alternative school focuses on teaching general studies as well as training students in a vocation. Nearly 200 students from approximately a dozen school districts accumulate at the alternative school daily.

Faith, who is in her late 30s-early 40s, is an experienced school counselor, having been practicing school counseling for 15 years. She also is experienced in crisis response, serving for nearly two decades on the regional crisis response team. However, when the crisis of a student suicide occurred on her home-turf nearly two years ago, Faith was in a "rough spot," as she described as a period of sadness. Faith was actively involved with the care of the student. Faith reported, "I saw her in personal counseling. I also helped her get in with an outside counselor… I helped her get her medical card back. I had a lot of social services wrapped around this too." Faith recalled fond memories of the student when she and the student "laughed and seemed to make progress." Faith reported that the suicide was difficult because, "knowing that I had tried

everything to help her…she still made that choice." Because Faith's relationship was "too close" with the student, she accepted services from the regional crisis team to lead the crisis response efforts. She stated, "I am not at a place to handle it…I know a lot of (these) kids'…trauma history too. It was more than I could handle."

Gloria

Gloria previously was a high school orchestra director by day, personal music teacher by night, and gig performer on the weekends. Fortunately, she did not leave her music expertise behind when she became a school counselor 12 years ago. Gloria now serves as a high school counselor in the College of Arts and Humanities, which is one of the four specialty programs located on the high school campus. Although Gloria is in her early 50s, Gloria's background has given her advantages to relate to her students. Gloria stated:

> They [the kids] love me because they know I am one of them. I am just weird. I have purple hair…I have a nose ring…They occasionally see my tattoos. They know I am one of them…I cannot even get to my office on time because when I walk through the band and orchestra hall, I am like talking to so many kids in the morning that it takes me literally 20 minutes to walk from the front door to my office which should only be a three minute walk.

However, Gloria's vivacious personality vanished quickly nearly six months ago after experiencing the death of a student by suicide in her school. The experience left her…"depressed for months." Gloria stated, "I have never had months where I was just wiped out and fell off the face of the Earth socially with my friends." Gloria was not only distraught about the loss of the student but with the district's handling of the crisis, stating, "We need to do what is right at all

times for all kids with relentless pursuit of the highest level of ethics we can have and that was not done."

Holden

Holden is a tall, broad man in his early 40s, who is quick to smile. Holden's office defines his interests in his young family, sports, and military. Prior to entering the field of education nearly 10 years ago, Holden worked in adult corrections, served in the Air Force, worked as a youth pastor, and obtained a degree in sports physiology. Holden then pursued a career in school counseling after "remembering when I was coming up through the school system, … having someone you look up to, having someone that you could go to, positive relationships, that is why I wanted to be that positive relationship [to students]." As a high school counselor, Holden recognizes that although he interacts with academically struggling students to improve grades to obtain credits for graduation, "the reason they [student] are in my office is a symptom of something that is going on underneath." He further stated:

> I try to get there [to the underlying symptom]. A lot of times, students do not want to go there but I, through conversation and trust, they will…open up to what is going on in their lives outside of school that is causing their issues at school.

As a school counselor for nearly a decade, Holden has experienced three student suicides in the local high school where he has worked. The most recent suicide occurred a year ago with a student that Holden described as "guarded." The student was "very nice, very respectful" but "did not respond to that attempt of trying to have a relationship outside of just getting the schedule changed." Holden reported that after hearing of the students' death, he returned to the "last interaction with that student…and you wonder, 'Did I do enough? Did I try hard enough with this student?'…Those questions can be overwhelming for school counselors."

Isabella

"I love to help people," stated Isabella, a female in her early 30s. Isabella initially aspired to help adults with mental health concerns, but then reconsidered stating that she felt "the best time to do it [help] is when they are children." Isabella's first opportunity to work with children began when she worked at a therapeutic day school with adolescents. Through her employment at the day school, Isabella received training in clinical mental health and gained experience working with students who had previous suicidal ideations and attempts, although, she "wasn't working directly with them when they had the [suicidal] issues." Isabella's work with adolescents at the day school lead her to pursue a career in school counseling, which Isabella reported was her "calling." She has served in her called profession for eight years.

Though knowledgeable about suicide, Isabella reported that she was naïve about the possibility of experiencing the death of a student by suicide, thinking, "I never thought it would happen to me…I was always there making sure that it did not happen." However, after experiencing the death of two middle school students by suicide within the past three years, Isabella recognized her limitations, stating, "…when I first got in there [school counseling profession], I was like, I am going to take on the world. I am going to save all these kids and you really can't." Isabella was required to intentionally "focus" on herself, her family, and her other daily responsibilities to gain a sense of normalcy throughout the crisis. Isabella is now cognizant of taking care of herself; recognizing that if she is not well, she is unable to care for others, which is what Isabella truly loves to do.

Jamie

"I always grew up interested in education, always played school, and had my own desk at home" stated Jamie. But after a negative experience with her own high school counselor,

Jamie knew that she wanted to be a counselor to provide guidance to students, something she never received. Nonetheless, like most people's lives, Jamie's life took many twists and turns. She initially pursued an education degree, but then changed her major to psychology, she "ended up in business," and worked as a paralegal. From there, Jamie finally pursued the career she always wanted, graduating early from the school counseling program, nine months pregnant, to relocate with her family to raise her young children.

Years later, Jamie, who is in her late 30s, acquired a school counseling position at a middle school. She has served as the only school counselor to approximately 260 middle school students in a small, rural district with a "big agricultural base" for less than five years. Jamie is actively involved in the school. "I am the assistant cheerleading coach, I am (at) the sporting events, … I cheer them on for basketball. I cheer them on for volleyball. I am like always there."

When a death of a middle school student occurred in the summer, nearly a year ago, Jamie stated:

> I was sad but then I was worried about the people in my care. Because I was the caretaker. I think I didn't spend a lot of time dwelling on that [the suicide] because I was more worried of taking care of everyone else, taking care of their needs.

Jamie is a strong advocate of teaching students about suicide awareness and prevention, stating, "It [suicide] is not a dirty secret that needs to be brushed under the rug."

Kristy

Kristy began her career as a middle school teacher after "growing up in a family of educators." But after teaching awhile, Kristy felt like "something was missing." She stated:

When I was teaching seven periods a day, you had 25 kids come and then you hurry to get them out, then another 25 more and get them out. I [felt] like I could not make the connections I wanted to.

Kristy is now in her early 40s and has served as a school counselor for 11 years. After serving as a high school counselor for a few years, Kristy returned to the middle school where she previously taught. She stated, "It is funny because people will just say you are crazy working with middle schoolers. I always just enjoyed that age group. They are so funny…and every day is such a different day." Unfortunately it was in the middle school, three years ago, where Kristy experienced her first death of a student by suicide that she reported had her "constantly feeling like I was responsible and thinking about what I could have done differently."

Three months prior to the student's suicide, Kristy completed a suicide risk assessment on the student revealing that the student was at high risk. Kristy followed the protocol, contacted the parent, and recommended further evaluation. After speaking to the parent, Kristy reported:

I walked away like okay, is he going to take him to be screened? That was my recommendation. I was like, 'he made the statement, he had a plan, he had a method and he is telling me he had access. I really encourage you to take him to be screened'…[Then], like three months later, he had stayed [home] from school, told his parents he was sick. He shot himself.

Regardless of the background of the participants, the 11 participants have shared a common phenomenon of the death of a student by suicide during their professional school counseling careers. The experiences gathered from the participants were analyzed and synthesized to develop themes as well as to answer the research questions of school counselors' experiences following the death of a student by suicide. The following section presents the

results of the data collected from the participants to portray the participants' shared experience of the phenomenon.

Results

Through the use of multiple data collection methods, including individual and group interviewing, and personal responses to journal questions, school counselors shared their first-hand accounts of experiencing the death of a student by suicide. The data were then manipulated to ensure trustworthiness through the use of triangulation, member checking, reflexivity, and an audit trail. Upon securing the trustworthiness of the data, each participants' data were then analyzed through holistic, selective, and detail data analysis. Through the data analysis, I formulated phrases or a word that described the whole text, then dug deeper to analyze sentence clusters and then every sentence of the participants' data. The data were then organized under the word or phrase (code) that described the phenomenon. After exploring and analyzing each participant's data separately, the data were combined and similar codes were merged. From these codes, several key themes emerged that reflected the participants' experiences.

Theme Development

Appendix C contains the tables with the codes and frequency of occurrence of the codes to demonstrate how the codes were organized to inform themes. The codes were initially organized by data that related to the research questions (reactions, postvention activities, coping). Unexpected codes that did not specifically relate to the research questions were categorized separately based upon commonality of data (outcomes). The codes were then organized based upon conceptual understandings of crisis in context theory (Myer & Moore, 2006), suicide survivor research, and school crisis response and recovery. Again, crisis in context theory (Myer & Moore, 2006) asserts that an individual's proximity to the crisis, individual and collective

reactions, and relational interactions and change over time will influence the degree of impact one experiences from the crisis. Suicide survivor research, particularly related to mental health professionals, has also found that proximity, individual reactions, and time influences one's crisis experience (Castelli-Dransart et al., 2014; Castelli-Dransart et al., 2015; Draper et al., 2014; Matandela & Matlakala, 2016; Takahashi et al., 2011; Wurst et al., 2011). Finally, school crisis and response research suggests that a reciprocal interplay exists between the school community, and change within the school environment will impact one's crisis experience (Cerel et al., 2014; Liou, 2015; McGee, 2017).

Five key themes were identified from the codes. The codes were organized through the crisis in context (Myer & Moore, 2006) framework. The first premise of the crisis in context theory consists of proximity and reactions to the crisis event. Therefore, Theme One was proximity and Theme Two was reactions. The second premise was the reciprocal effect. The recriprocal effect included interactions among others and the degree of change experienced. Therefore, Theme Three was reciprocal interactions and Theme Four was change. The third premise of the crisis in context theory (Myer & Moore, 2006) was time, specifically what happens through the passage of time for those having experienced the crisis. Therefore, Theme Five was time. Table 2 displays the development of themes from the codes identified from the tables in Appendix C.

Table 2

Theme Development

Theme	Codes	Frequency
Proximity	Guardianship	28
	Guilt	29
	Incompetent	16
	Hypervigilant	32
Reactions	Disbelief	31
	Sorrow	40
	Blamed	8
Reciprocity	Empathetic	29
	Support to Students	
	Urgency	6
	Transparency	25
	Fatigue	
	Support to Students	
	Counseling	39
	Absence of Support	22
	Physical Reactions	19
	Isolation/Avoidance/Escape	7
	Loss of Work Productivity	2
	Inattention	7
Change	Unprepared	24
	Administration	
	Lack of Communication	31
	Untrained	16
Time: Outcomes	Lack of Administration Action	25
	School Suicide Education	
	Student Education	19
	Relationships	
	School Counselor to Students	15

Theme One was identified by four codes that occurred frequently that related to proximity. Although not all school counselors were physically or emotionally close with the deceased prior to the students' deaths, the school counselors continued to feel a sense of responsibility for the care of the students. Previous research from suicide survivors has reported that high impacted individuals were emotionally close to the patient and felt responsible for the patient's care (Castelli-Dransart et al., 2015). Codes from Table C1 (found in Appendix C) that contributed to the theme were the language of guardianship that school counselors used to describe the students that they served as well as reactions that the school counselors experienced related to the failure to protect the student from self-harm. When a death of a student by suicide occurred, the overwhelming sense of guilt, including the sense of incompetency, that school counselors experienced continued to reveal the failed sense of responsibility to protect the student who died by suicide. Finally, after the death of a student by suicide, school counselors became hypervigilant and focused more of personal safety with students in the attempt to protect and prevent other students from dying by suicide, further suggesting school counselors' sense of responsibility for all students.

Theme Two was identified through codes in Table C1 that identified the personal reactions the school counselors experienced. Theme Two consisted of negative emotional reactions that were generated from the suicide, either from the school counselors or the reaction from others that significantly impacted the school counselor. The codes that were relevant for Theme Two were the feelings of disbelief and sorrow that school counselors experienced as well as the distress that the school counselor experienced for being blamed for not preventing the suicide. Similar reactions were also found in reactions from mental health professionals

(Castelli-Dransart et al., 2014; Draper et al., 2014; Matandela & Matlakala, 2016; Takahashi et al., 2011; Wurst et al., 2011).

Theme Three was related to the three primary codes that reflected the school counselors' care for others that have been impacted by the suicide; the reciprocal effect. The reciprocal effect is the relational interactions of key and supporting indivudals who are impacted by the crisis (Myer & Moore, 2006). Theme Three included the school counselors' interactions with those impacted the most by the suicide (the students) and the school counselors' roles in supporting those most impacted. The codes that generated Theme Three are from frequently occurring codes found in Table C1 and Table C2 of Appendix C. School counselors revealed a sense of empathy for the deceased's families, friends, and school community (Table C1). The empathy that school counselors felt led them to actively assist the individuals impacted, especially responding to students in a genuine manner through a collective grieving process (see Table C2 - Support to Students: Urgency and Transparency). Nonetheless, some counselors experienced difficulty in counseling students due to their own grief, resulting in fatigue from serving others (Table C2 - Support to Students: Counseling; Table C3 - Lack of school-based support; Table C1 - Physical, Cognitive, and Behavioral reactions).

While Theme Three identified the reciprocity factors between the school counselors and students, Theme Four was generated by the common codes in Table C2 regarding the school counselors' perceptions of their professional roles during a suicide crisis, a change from their normal routines. Myer and Moore (2006) suggest that the more change in normal routine, the higher the impact post-crisis. School counselors, as professionals, felt unprepared to respond to a death of a student by suicide. The feelings of incompetency were generated from the lack of professional training or experience, as well as the deficient review, training, or execution of the

crisis plan. Most school counselors expressed negative experiences in providing response and recovery. School counselors cited administrations' poor training in responding to a crisis and lack of communication during crisis response and recovery as the most frequent reasons for the negative experiences.

The final theme that emerged was that of school counselors' problem-focused solutions that resulted, over time, from having experienced the death of a student by suicide. The codes that contributed to the unexpected final theme are from Table C4, found in Appendix C. The subthemes that were identified were administrative lack of sponsorship in providing suicide awareness to students, school counselors' active responses to prevent student suicide by educating students, and building relationships with students despite administrative resistance. Over time, school counselors have been able to cope with the death of a student suicide by implementing preventive programs and responding proactively.

The following section describes each theme with the corresponding subthemes that were identified by the participants' responses. Anecdotes of the participants are provided that further support the identified themes and subthemes.

Theme One: Proximity. As school counselors told their stories of experiencing the death of a student by suicide, the language of the school counselors revealed an undertone of a responsibility to protect students. In general, school counselors often reported a sense of guardianship for students. Then, when a student died by suicide, school counselors felt guilt for not being able to protect the student from harm. After the suicide, school counselors were more aware of risk factors associated with suicide and the need for students to be safe.

Subtheme: Guardianship. The language that revealed this sense of guardianship, and thus responsibility to the care of students, was the reference to "my kids." The sense of

guardianship was evident despite the level of relationship the school counselor possessed with the student. Four school counselors described their sense of guardianship the most effectively.

When speaking about the students Barbara worked with at her school, Barbara's comments were that of protection and affection, stating, "They are my kids when they are here…they are mine and no one bothers them, not even the principal…I hug my kids all the time. I do not think they think anything about it." Barbara shared her thoughts after experiencing a suicide of a student not on her caseload and then experiencing a suicide of a student who was on her caseload, "When Beth passed away, she was in middle school and selfishly I thought, 'Thank goodness it wasn't mine [student] but [then] it was." Barbara's disbelief was evident as she stated, "I could not comprehend that it was one of my students."

Ethan quickly referred to his role as a school counselor as one of a parental-child relationship with the students, making comments such as:

> … my kids are like my actual kids. I would do anything for them…I tell you what, my kids really like me. My kids have a lot of respect for me…I have been very open and honest with my kids…My kids will open up to me…my kids love me. My kids can tell when I am struggling, when I am having a bad day.

Similar to Ethan, Gloria also related to the students as one of a parental-child relationship. For example, Gloria stated the sense of importance that she has as a school counselor, stating, "I know that I make a change every single day with my kids." Gloria described the character of the students she works with as, "My fine art kids are very sensitive kids…". Although Gloria's relationship with the student that died by suicide was not close, Gloria continued to experience a feeling of responsibility for the student, stating:

At one point, I was like, "is something wrong with me?" This is not my kid. I am not

their parent. I am not their relative. This was a student, one of the 2,200 in my school

who was there for all of nine weeks. "What is going on with me and why is this hitting

me like a rock?" You feel like there is something wrong with you. It is hard to shake.

Finally, Isabella was keenly aware of her students' situations in which have influenced

her role of parental responsibility outside of the school setting. For example, Isabella stated, "A

lot of my kids come from broken homes. A lot of my kids are not even with their biological

parents." Unlike Gloria, Isabella's relationship with the student who died by suicide was close.

She described her favorite memory of the student as follows:

> My favorite memory of my student was watching him in the school play 'Aladdin Jr.' on
>
> how amazing he looked and credit he was given for playing his part. I remember
>
> complimenting him on his performance and he threw himself to hug me and thank me so
>
> much for always being there for him. The following Monday he came in to my office and
>
> thanked me again for coming and I answered him with, 'Of course, I had to see my
>
> "Dancing Sunshine" (my nickname for him)'. He was glowing and smiling from ear to
>
> ear when I called him that and he said, "I am your only 'Dancing Sunshine.'" From there
>
> our relationship became stronger and I will always remember this moment.

Insomuch that school counselors regarded the counselor-student relationship as often as

one of parent-child, the death of the student generated significant guilt and self-blame for the

majority of school counselors. The guilt and self-blame could have been generated by the school

counselors' sense of failed responsibility to protect the student from harm.

Subtheme: Guilt. Ten school counselors expressed feelings of guilt after the death of a

student by suicide. School counselors often questioned if they had done enough to prevent the

student suicide. Carrie and Drew questioned if they failed to recognize the students' signs for help. Carrie stated:

"Was there something we missed?" "Is there something we could have done to help this situation?" Kind of wanting to know the events leading up to it. I do not know if there is some "maybe if I talked to him" kind of thing. I think you would always have that.

Drew reflected:

As I have thought about him, and you always ask yourself "Why? Why didn't you see things?" I knew there are going to be those situations where you do not see. "Were there things?"...I think as a counselor you take it upon yourself. "Drew, were there signs [and] I was just too whatever to not notice?" You just start thinking "What could I have done? What should we as a school have done differently?"

Holden recalled his last interactions with the student in the attempt to recognize any signs of distress. Holden stated:

Once you go back to your last interaction with that student. I went there. I remember him sitting in my office, looking at me asking for a schedule change. Just trying to reach out. A lot of the times it is overwhelming as a counselor because there is such significance and you wonder "Did I do enough, did I try hard enough with this student?"…I definitely went back to my last interaction with him.

Isabella retold her experience of not being available for the student which generated feelings of guilt. Isabella recalled:

This student was not in my district that year; he had just transferred in September to the next town over. It was the end of January when this [the suicide] happened and I felt helpless. The Friday before, I happened not to be there and he came to say good-bye to

some friends…[his] peers were confused over his farewell and did not question it…. If I

had been there that day, "would he have confided in me? Would there have been some

type of prevention that could have been provided so that Monday did not happen?" I

overthought everything and had guilt for not being in that Friday. Unfortunately because

he was not in my hands at that time, it was like, "could I have done more, could I have

done this, could they have called me and I could have prevented it by phone?" I don't

know… "Could I have prevented this? Was there more I could have done? Was his

current school aware about how he was feeling?"

Kristy reviewed her case notes after performing a suicide risk assessment on the student

three months prior to the students' death, stating:

I … felt a strong sense of urgency for going through my notes and making sure I did

everything I possibly could for this student…I relived those moments of that assessment

in my mind over and over again. I relived those moments of meeting with his dad the day

of the assessment in my mind over and over again…Of course, I look back and think I

should have checked in on him more, but hindsight is 20-20. Every time I checked back

in with him, he [said] "I am fine. Everything is good," really not wanting to go there.

Kristy confessed, "The most difficult time I was having living through the experience was

constantly feeling like I was responsible and thinking about what I could have done differently."

Similar to Kristy, Ethan also retold the story of a student who was referred to him by a

concerned peer, and Ethan was unavailable to respond immediately to the peer's request.Ethan

began:

It was a Tuesday in mid-May. I had a kid come to me bringing up Eric's name, just

concerned about Eric. It was later in the day. He has talked about some things and stuff

before, never said suicide before, never brought any of that stuff up to me. I questioned, but it was always "oh no, just concerned. He is just struggling, having whatever, see if you can encourage him."

Wednesday, I had to go do scheduling about 20 minutes north of here at our data people place…I was not here. I had a post-it note in the middle of my desk to talk to Eric when I got back. Wednesday came and went. It was about 4 o'clock. I was at home getting ready to get in the car to see a sectional softball game. My principal called…She told me I think Eric committed suicide. Immediately, [I thought] "You have got to be kidding me, what if I had been there?", the very first thing that runs through your mind.

We had community service day the next day. That is a day where all of the kids in the high school are assigned to different sites throughout the area…So, went through that day, just trying to maintain. Friday…[all] I remember is opening my door. Opened my [door] and got ready to sit down at my desk and that post-it note sitting smack-dab in the center of my desk. Again, it is, "what if I had been there on Wednesday. Let's say I had talked to him and nothing came up and he went home done it anyway, would I have felt worse?" I do not know. That was tough.

Ethan admitted, "The hardest thing was just dealing with my own what-ifs….But, when you are sitting there faced with that post-it note…It took me a number of weeks, months to process and figure out how I dealt with that."

As school counselors expressed a responsibility to protect students through guardianship and feeling guilt when unable to protect, school counselors continued to demonstrate a sense of responsibility to students by attempting to prevent additional student suicides by becoming highly vigilant of suicidal signs.

Subtheme: Hypervigilance. School counselors who have previously experienced the death of a student by suicide have reported a heightened awareness of the potential suicide in other students. School counselors who may have dismissed a warning sign previously will readily engage in further inquiry. For example, Abby reported:

> I am much more cautious when kids talk. When they say things and that little bell that goes off, I question it, I follow up with it and I call parents. I do not think I would have been like that if I had not experienced it…So, I just, I am so precautious, I document what I do because A: I want to keep that kid safe and B: I am worried some kid is going to say something to me and go home kill himself, then I did not do anything. I do not know if I could continue on in education. I think that would be that I did not professionally make the call. It keeps me on my toes, keeps my senses heightened.

Holden and Isabella reported that they explicitly tell students that their safety is imperative. Holden stated:

> I remind students a lot of time that I want you to graduate and get these credits but I want you to know in the scheme of things like the importance of it. I want you to be safe as an individual. I want you care about your family, to take care of yourself because math, English, science and all that stuff are important. Self-care is more important and relationships are more important.

Isabella reported:

> They [students] know those things are taken seriously. They know I am a big advocate that your safety comes first. You could be doing everything else but I need to know you are safe. They know that about me. They know to come tell me things. A lot of kids come

forward saying I am feeling this, I am feeling that, I am feeling sad, I am feeling

depressed.

School counselors revealed their relationships to all students in the building with an

underlying responsibility to protect. The responsibility to protect only heightened after school

counselors experienced the death of a student by suicide. In addition, the failed sense that school

counselors exhibited after the death of a student by suicide generated guilt as well as other

negative emotions resulting from grief and loss.

Theme Two: Reactions. School counselors experienced a range of negative emotional

responses after the death of a student by suicide. However, the most common reactions were

typical emotions of grief after an unexpected loss of a loved one. The typical grief emotions were

disbelief and sorrow. Disbelief and sorrow impacted the school counselors professionally and

personally as school counselors were assimilating suicide into their understandings of the world.

In addition to disbelief and sorrow, two school counselors also experienced the brunt of others'

reactions of an unexpected death by blaming the school counselors for not preventing the

suicide.

Subtheme: Disbelief. Abby and Isabella confessed general disbelief that they would ever

have to experience the death of a student by suicide in their professional careers. Abby expressed

her disbelief in a child ever dying by suicide, stating:

> I think I was naïve. I think I just did not think something like that could happen…I did
>
> not have him but I could not fathom it…This, I did not think that was possible. It just was
>
> not in my realm of thinking.

Likewise, Isabella stated:

I never ever thought it would happen to me. I know I always see it on the news. My professors warned me about it. I just never ever thought it could have happened. I think that was like a little bit ignorant of me when I worked with so many kids by that time that had ideations and been cutting themselves, I never thought it in my career that this would happen.

When the death of a student by suicide did occur, oftentimes, the initial reaction from the school counselors was simple disbelief. Drew described his thoughts upon hearing the death of a student by suicide as:

 Certainly in disbelief. Again, he was one of those kids, hard to imagine, but especially one of those kids who were always smiling, reciprocate a smile. He was never a person who came and complained about anything at all. There were just no signs among his peers. The only thing was that a friend, actual family member had months and months before, (reported) changes in his ways. Complete, disbelief and again that feeling of "wow."

Holden shared Drew's reaction as he told the story of when he was informed of the student suicide. Holden stated:

I believe I came to school and the resource officer at our school pulled me aside and gave me some details about what they thought had happened because it was very early figuring out what happened. It was one of those conversations that are very shocking. Not knowing what to think or say. Then I think the resource officer was probably shocked too. What was coming out, what the report was, what happened… I was really shocked and couldn't believe it happened to him. I never noticed him with a struggle, quiet yes, but never saw signs of this coming.

Jamie, again expressed disbelief by the suicide of an outgoing student, stating:

> She loved basketball, track, one of the higher academic students. She would not be on the group of kids that you would be watching for any kind of issues. There were no warning signs. There were none of the traditional things where you [were] like, "Whoa, let's be watching this kid." There were no comments made that we were aware of. No actions, no cutting, no notes, none of those typical warning signs. No family follow-up. There was just nothing that we could see, the bubbly personality, laughing, making jokes, not like the…other kids in the group prone to social drama…She was really the typical seventh grade girl.

After being informed at home by the school principal in July of the death, Jamie expressed her disbelief, "I was like, 'What?'"

Subtheme: Sorrow. After the initial reaction of disbelief, school counselors often experienced feelings of grief. For some of the school counselors, the grief has been prolonged and not understood by others. Drew reported that the suicide created sadness because of the loss of life, stating, "There was great sadness because here was this kid who was not talkative, was never a distraction in class, not a behavior, any of those things that no longer exist(ed)."

Isabella and Faith described their sadness from the initial report of the suicide and throughout the grieving process. Isabella poignantly expressed her sadness as, "When I heard the official news that student had committed suicide, I literally felt my heart break." She then reported the support provided to her by her husband and her prolonged sadness, stating, "My husband was very helpful and he handled the baby while I had to grieve by myself…I still have my moments when I get upset."

Faith reported her initial thoughts and feelings when she found out about the death of the student:

I was not surprised honestly because of her previous suicidal ideations before, but upset of course. Then just went into a little bit of a rough spot…[the rough spot was] just a sad period and a time when I didn't feel that my husband was sympathetic…It is a tough loss, one that is hard to describe.

Faith explained why the loss was difficult, "I think knowing that I had tried everything to help her…it just made it difficult that she still made that choice…It was so hard because I was powerless to change the outcome."

Holden expressed the feelings of sadness and powerlessness as well, stating that the hardest part of living through the experience was:

The sense of no control over the situation. It is a very sad time and you're just waiting for details. Waiting for student reaction. Waiting for maybe some signs that others noticed or received. Just such a sad situation surrounded by wonder and confusion.

Finally, Ethan described the difficulty he had with coping with the loss of life. He reported, "I will say with everything that we went through with the suicide and a month and half to two months after, I did not [cope]. I broke down a lot…I was overwhelmed with grief."

Subtheme: Blamed. Two school counselors reported that their actions were scrutinized by either their administration, parent, or through the process of an investigative inquiry to determine the cause of the premature death of a young person. The act of being blamed created emotional distress for the school counselors.

Jamie's principal insinuated blame when the principal attempted to reassure her that she was guiltless. Jamie was defensive, stating:

It is not anything I did. I think that is what I resent my principal for, is that he tried to say some things and make it back at me. He was like "Don't beat yourself up about this.' I was like "For what? I didn't do anything." [Principal said], "Well, you didn't miss anything." [I said], "I know, I would not miss anything. It was not my fault. We did not miss anything. It is not our responsibility. These children are in our general care but it was summer. We can only do so much. We are guardians of them for a certain amount of time but in the summer we can only do so much. Don't be trying to [say] that for something we have no control over."

In contrast to Jamie's situation, Kristy's principal was supportive in the midst of accusations from a parent. Kristy recalled:

But after it was all said and done, the one girl that he liked, her mother called and wanted to talk to the principal because he had told her that when he came in to talk to me that my response to him was, "Well, you are too much of a problem and I can't work with you" and I didn't do anything about it. So, that really set me over the edge. We ended up having to sit down and talk to that mom. [Kristy told the mom,] "Of course, we cannot tell you what the situation was. We can tell you we have a protocol and I followed the protocol. The parents were notified." The principal was very supportive and backing me up. It was very disheartening. You have the investigator who is coming in to make sure they rule all kinds of things out. It made me feel like, "are my actions being questioned?" I was going through a lot of self-doubt…Then kind of making seem the school was not helping him. It was like, "my name is out there. What is other people's perception of my abilities?"

Kristy further elaborated on her interactions with the investigator, stating;

And we had worked [together], I know him, they come in all the time but it felt like I am in the hot seat. [The investigator said], "Well, can I get all your information, phone numbers if I need to call?" [I said], "Why? I did not do it." I was shaking. It felt like I am in the hot seat…I felt like I was being accused. Maybe not accused, but scrutinized…It is like gosh, I am going to lose my job.

School counselors not only experienced personal negative emotional reactions after the death of a student suicide but also feelings of compassion for others who were also experiencing the death. School counselors felt empathy for others impacted, especially family, close friends, as well as the general school community. Empathy led to a desire to help but not without additional emotional impact.

Theme Three: Reciprocity. Compassion is defined as a, "sympathetic consciousness of others' distress together with a desire to alleviate it" (Compassion, 2018). School counselors demonstrated both aspects of the compassion definition. School counselors demonstrated empathic characteristics of those that were impacted by the suicide as well as engaging in authentic recovery efforts by those impacted. However, throughout the process of serving others, school counselors experienced fatigue.

Subtheme: Empathy. Some school counselors felt empathy for the family. Abby stated, "I felt sorry for her family, her younger sister especially. They were close in age and did a lot of the same activities. I felt like I needed to be at the visitation or funeral." Kristy reported immediately after the suicide, "this family is hurting and I was hurting for them." Kristy's sense of empathy has continued to the present, stating, "Now it is just sadness and thinking about the family and what they had to go through and what all these kids had to go through." Isabella shared that the experience was troubling to her as a mother stating, "It was definitely different

for me. It was more frustrating because I was upset and upset for the parents. I was already a mom and could not imagine losing my son."

Barbara shared similar sentiments in regard to the family, stating:

I cannot imagine what it would be like for her [mom] and her husband. The siblings had a hard time. The one in college had just been dropped off and they had to go back to get her…the one in the middle school was having a hard time. She cuts. She is not having a good time of it. I had to talk to her one day and she said, "This is about Brian you know." [I said], "Okay." She said, "Are you mad at me?" I said, "No." At that point, they [the siblings] were not allowed to talk about him. I said, "You are going to counseling, right?" She said, "Yes, but Mom will not let us talk about him there either." I said, "Well, we can talk about him." She did and that was really good for her…The middle school sibling is still struggling, I think.

In addition to Barbara's experiences with the family in the aftermath of the suicide, Barbara also vividly reported her experience observing the students at the funeral stating, "The kids were there [at the funeral] so I just stayed the whole time. That was the worse thing I ever went through or hope to go through again. The kids were hanging on his coffin."

Many other school counselors felt empathy for the students and school community. Carrie reported that the most difficult time living through this experience was,

Seeing how it impacted his family and friends. I think in a situation such as this it's just a hard way to lose someone. People blame themselves and others which just adds to the sadness…It was just a sad situation that you do not want everybody to go through. I just felt like I needed to be there for the students impacted…It definitely had an impact even with kids that did not know him necessarily.

Holden and Jamie were also concerned with the effect of the suicide on the school community. Holden stated:

When this [student suicide] happens in a school, as a counselor you are always thinking what is going to come with what just happened? What is going to happen with the students? What is going to happen with the conversation? What is going to happen with the family members? This student did have a few family members that [were attending]…the school.

Jamie commented:

You know, I was upset but at the same time, I don't want to sound like I was cold hearted, but okay. This is horrible and this awful. How is this going to affect my health, my school, my children?…I wasn't like emotionally distraught, I was sad but then I was worried about the people in my care.

Drew shared a story of the best friend of the student that died by suicide and Drew's concern about the student:

He [the friend] did soon withdraw [from high school] because of the pressures. I imagine any high school would potentially be that way, but our high school in particular being small with everybody knowing everybody, it was just heavy. There were so many non-conclusive things. People were beginning to come up with their own ideas why it happened and it is not our business really ultimately. I know for him and we worried about this young man for some time because I know he took a lot of responsibility for David's choice. There again, it was never disclosed to me the ins and outs of that evening prior to David taking his life. I know they were very close. Very, very close. There were things he did share, things that David was dealing with that no one knew. I think

whatever it was David feared that no one would understand. For him, as I am sure there are many children, they would rather take their life than to have a secret exposed.

Kristy continued to worry about the students who were close to the student who died by suicide, especially since the death occurred close to summer break. Kristy stated:

The sad thing is, this was early May and six weeks later, kids are gone. When August rolled back, I sat down with the ninth grade counselor to give her some names of kids to look out for. I think that was the hardest part is like it happened and then the kids are gone. You are not there to kind of check in on them and see how they are doing. Yeah, that was a tough time. That whole summer, I mentally was not in a good place…Those kids are on my mind. They are juniors now. It is like you wish you were at the high school to see where they are at. That poor girl, I have not heard much about it, but she and her close knit friends were very closed off. I hope that they have been able to open up about it, working through it.

School counselors not only felt empathy for others impacted, but they also expressed a desire to assist those that were impacted especially the students, by being available to help students process and grieve the loss.

Subtheme: Desire to help those in crisis. Although not frequently reported, the sense of urgency for school counselors to assist was significant in understanding school counselors desire to help those suffering from the loss. Barbara and Ethan best described the sense of urgency. Barbara commented, "I was two hours away from the school…I was in shock. I felt like I needed to get back to school as fast as I could…" Ethan stated, "I was actually supposed to attend a meeting at the Career Center on Wednesday morning and…I decided to drop by [the] school on the way; 7:30 riding a long and the phone rings. I will be there in five minutes…I went straight

to school." Jaime expressed her need to care for those impacted above herself, stating, "Because I was the caretaker. I think I didn't spend a lot of time dwelling on that [emotions and thoughts] because I was more worried of taking care of everyone else, taking care of their needs."

After arriving at school, school counselors most often reported that their counseling methods were to be honest and real with the students as the students and counselors grieved together. Barbara reported, "Sometimes, I am honest to a fault with the kids. We weren't going to say it was a suicide but when they asked me point blank, I am not going to lie." When providing crisis response services to students, Barbara further suggested:

be real with them [the students], share your emotions; do not be afraid to share your emotions with them. Just be real, DO NOT BE FAKE BECAUSE THEY ARE GOING TO KNOW IT. They do not need that. Just be real, just be yourself.

Drew also recommended emotional transparency when counseling grieving students created by the suicide death of a student. Drew stated:

I think earlier in my profession I would try to be tough and almost pretend…I am comfortable now in just being who I am and I think it makes you more relatable if you need to cry, you cry. It is okay for kids to see you that vulnerable and real. I think all adults were conditioned to think those types of things, those ways, those behaviors make us look weak, but I think in situations like a crisis like suicide there is strength in just being real and honest with your emotions. If you feel like crying, you cry with the kids. I think that breaks down a lot of walls quickly. Because everyone is feeling like, "I do not want to get ugly here but if Mr. Drew is getting ugly with his crying, then it is okay, the snot and whatever, it is okay. He is giving us permission to be real and I think we have to do that."

Ethan also shared his vulnerability with students:

> I am an emotional guy. I cried I will be honest. The kids were hugging me as much as I was hugging them. In the end, that just comes naturally to be there for the kids. That was not an issue for me at all. Trying to maintain the talk without crying was tough.

Ethan further described the difficulty he had controlling his own emotions while performing crisis response and recovery within his school:

> You are seeing these kids I have poured my heart and soul into, that (are) just broken in front of me. I had some teachers that I said, "I am going to need you to just take lead on this one." We started with some of the freshman classes, which was bad. Then a couple of the subs we brought in as well just to cover for certain teachers because some of them were just a mess. We probably, I would say that is the least productive day we have ever had. It was deathly silent. The halls were quiet. There were probably 20-30 kids that went home. The whole call "Is someone going to be with you?" There were 60-70 kids in and out of the library all day. We had a lot of our upper classmen stepping up to be there for kids and help them. It was just a mess. With the help that we had, it was just amazing. All of our EMS, whoever it was, it was just a constant force to help wrangle whatever we needed. Then, again, it was [the principal] trying to continue with certain things that needed to happen that day. Me making sure we had things going on down there, just trying to maintain. I think I walked the halls at least 400 times that day. Find a kid, walk to the library. Kid is done there, you don't want to say go to class. None of the teachers were in class that day. Some would show movies, some would just say read for a project, whatever. Like I said, it was rough following Eric but this was just, there are not even words… The most difficult part for me was going to class to class, telling all of my

students what had happened. Seeing the wide variety of responses on my students' faces was just impossible to deal with. His friends were heart broken. Those that had just met him were in shock. Students who didn't even know him were lost for words.

Ethan was not the only school counselor who expressed difficulty with implementing crisis response and recovery efforts at school. School counselors continued to assist students despite their own feelings of grief and lack of administrative support in responding to the crisis.

Subtheme: Fatigue from helping. Although school counselors desired to assist the individuals impacted within the school community, many school counselors described a sudden increase in fatigue from the aftermath of the suicide.

Gloria shared her painful experience from the beginning as she described the situation when she heard the news from a student that a new student in the school had died by suicide, stating:

> I crumbled inside but had to maintain a strong exterior as I was working with my student who was the completer's good friend. There was no time to process before working with kids. I spent the next few hours working with kids, calling parents, and working with the police who needed to interview some of my students. I completely fell apart when I got home that evening.

Gloria then described the ongoing need to provide grief counseling to the students and the impact that the situation had on her, stating, "It was the worse situation and I actually, it depressed the hell out of me because he was not my student but all of his friends apparently were…"

Gloria further stated:

I was depressed for months. I could not; I had a really hard time pulling it together on weekends. It was the very first time in my counseling career that I felt I had compassion fatigue. I just did not feel like I was working at my best. I have never felt like that as a counselor. There have been moments of I am tired and I do not know if I can move forward but I have never had months where I was just wiped out and fell off the face of the Earth socially with my friends. I had to explain I had a really major trauma this year and it traumatized me. That is not who I am, that is not me. I am very resilient. My compass always fills; I give a lot because I get a lot. This was very odd situation for me because of my experiences on the crisis team, to have that kind of collapse.

…it was literally a couple of months of just canceling plans with friends, not having the energy to go anywhere, being sick because I was so tired. Coming home from school and just becoming a puddle for my husband…It was such a dramatic change from who I was and how I have ever been about work…It was just such a dramatic thing… I knew I had to get off Facebook. I…could not be on social media because I would get so angry that people were complaining about menial things. I thought, "I just lost a student. Who cares that you got a speeding ticket today. That does not matter. What is wrong with you?" I could not see it. I could not cope with it. I got off social media for months…I was just like I have to take a break. I did that. I had to escape.

Gloria shared her feelings of isolation from the administration's inadequate support in assisting her with counseling students, stating:

I felt left on an island to deal with all of the fallout. I have never felt so abandoned by my district. Every protocol that we have always followed was ignored. I was depressed for

months after this completion, both because of the loss of life and because of the loss of

expected support…I needed support that I didn't receive at that time…I was lost.

Kristy reported a similar experience with the increased demand to support grieving

individuals with no one offering support for the school counselors, stating:

I almost couldn't grieve myself because of the feeling of inadequacy that I felt. I had a

difficult time being there all the time for all of the students and staff who were struggling,

and I felt that no one in our school thought to check in on us [school counselors and

school psychologists] to see how we were handling it. I was slowly breaking and this led

to having a very tough emotional few months after this…I ended up seeking counseling

for myself, started an anti-depressant, lost a lot of weight because I wasn't eating much,

and I really didn't take care of myself at all that whole summer.

Kristy further recommended,

providing the opportunity for the school counselors and administrators, the people that

are in it, providing them with a space. Even taking a mental health day after that, it was

hopeful but it was just not enough at the time. I think for somebody to just come to us,

"how are you guys holding up?" It was just, I think I probably walked 10,000 miles each

day. It just was so hectic for that many days in a row. I think it would have been nice if

someone gave us the time to work through our own feelings.

Faith also expressed the need for emotional support after the death of a student that she

had been personally counseling. Faith reported, "I felt that I needed to help myself but also help

my students deal with their grief. I was definitely working through the motions." Faith requested

personal counseling from her district to help her grieve but was unsuccessful in receiving any

assistance, stating:

one of the things that is I asked for EAP [Employee Assistance Program]. I kept asking

and nobody ever helped me link up or find out. I wanted to know about EAP because I

know that they are confidential services and do not go on your entrance profile, on your

record. I kept asking and no one ever answered. I did not pursue it at the next level

because I did not feel comfortable. I wish that if it is in place that people know about it

and if it is not in place especially in this day and age. I was dealing with my own grief

and that of my students and needed to process in a safe place. I do think that the EAP

would have been a nice break and a covered service that should have definitely been

offered. I was sad and needed to talk to someone.

Ethan confessed his difficulty recovering from the death of a student by suicide and

expressed concerns for other school counselors who have experienced the same tragedy, stating:

I look at it and I go "there has to be so many school counselors out there who feel the

way I do, just feel exhausted and worn out and just feel alone"…Again, what can we do

to make sure that counselors are receiving the support? I should've gone to see someone

after Evan. It wasn't until November, I will be honest I was drinking nightly. It was bad.

We visited friends and they were talking about but it was deep this, that and whatever, the

government stuff, etc. At one point I just broke down and I could not do it. I was trying to

talk and trying to maintain and I could not do it. It was mid-October and "what are

schools doing to make sure their staff are working through this and processing through

this?"

In addition to serving others during a suicide crisis, school counselors expressed

confusion with their roles as school counselor during the time of crisis from the death of a

student by suicide. School counselors expressed frustration with their training as well as with

administrative attitudes and decisions in crisis response and recovery efforts, which added another layer of emotional distress.

Theme Four: Change. School counselors were often confused with role expectations after the death of a student by suicide. School counselors expressed that they were unprepared to engage in crisis response and recovery efforts at school; however, many school counselors also expressed frustration with administrative decisions, citing the lack of proper training and communication from administration.

Subtheme: School counselors unprepared. Abby and Barbara shared their feelings of incompetency when responding to a student suicide. Abby reported, "I wanted to help. I wanted to...I did not know what to do; I did not know how to act. I wanted my kids to know, whatever you are struggling with don't..." Barbara stated:

> I felt helpless and that there was no way that I was going to be enough to help the kids at
> school. I did not feel equipped to help the kids…I always read up on suicide and all that
> kind of stuff, went to conferences but you just do not know. In fact, the other counselor, it
> was her first year. She was in there. She said she did not know what to do. I said I do not
> either.

Holden reported that his graduate school experience and county crisis plan were lacking to prepare him to respond to a student suicide. Holden stated, "My graduate work did nothing to prepare for facing suicide within the school environment. There is no county policy exactly, or that we were trained on, of how to handle this situation."

Carrie, Abby, and Ethan expressed concerns about the training of and the execution of the crisis plan. Carrie stated that she was "shock(ed) by the [suicide] experience." Further stating,

I think there should be more, maybe there is and it just isn't because there is constant change, maybe be more procedure of how it should too…I know we had a crisis plan and crisis committee but I feel like it is something that never met, just one of those things. I think maybe having a better plan of action so everybody knows what to do. Probably, even talking to teachers about it because they are going to be the ones dealing with it more than we will because after a day or two, they are back in there. The teachers are the ones handling it mostly. I think maybe a better plan of action from the beginning would be better.

Abby reported:

I think it [the crisis plan] was not really defined. The plan with the crisis plan I ran into when I became a school counselor was we got new faces, so you need at the beginning of the year to have that conversation with your new staff about what you are going to do. We were facing it every year. We need to have a conversation about this and we weren't. It was just the school year started and you get in the hustle bustle and it something you don't use until you need it.

Ethan recalled when the crisis team was unavailable for immediate assistance, stating:

I got here [to the school], could not get a hold of the crisis team, called the crisis number at the hospital, could not get anyone there…we could not get hold of our superintendent for 45 minutes…Friday [two days later], we finally got the crisis team here.

Not only did the school counselors feel that they received inadequate training, but school counselors also perceived that school administrators also did not receive appropriate training by the decisions they made during the crisis response and recovery.

Subtheme: Administrative lack of response and recovery. Many school counselors had negative experiences with the administration in the crisis response and recovery efforts. School counselors reported that most often the negative experiences were from the school administrators' lack of communication or consultation with the school counselors about crisis recovery and response efforts as well as the obvious lack of training administrators had when responding to a suicide crisis. The administrators' deficient response and recovery efforts created frustration, confusion, and may have impeded the grieving process of the students and others impacted by the suicide.

Gloria recalled the frustration with administration that the crisis plan was never activated, stating:

> We have had suicides in the district, usually one or two a year. We are a pretty large district. No, it is not new which is why it was so insane we did not follow protocol we had in place for years. The crisis team never came over. There was nothing. Like I said it was because there was an investigation to determine if it was suicide or murder. To me, it doesn't matter. It is the loss of a child and we handled it very poorly. It was never handled. I think there are still staff that feels wounded because there were never any answers about this. It was just pushed under a rug.

Holden also compared the differences in responses to prior crisis situations with the suicide crisis, stating:

> an e-mail [would go] out, the teachers mentioning in the classroom or an announcement sometimes. There is a general announcement, if you would need to talk to a counselor that you are able to go. It was not this situation. We had a new administrator. This was the administrator's first year…I do remember that there was some grief training,

information sent to all of us [school counselors] just a reminder of the processes of what

could happen with grief. How we could try to help and direct…It was sent by an

administrator. I am sure if it was the lead administrator but sent by an administrator to all

the administrators and counselors. As far as individual direction, having staff meeting to

talk about it. That did not happen.

Holden further reasoned why the administrator choose to not openly communicate about

the suicide and what he would have done differently:

I know there is always the worry of repeat and I don't want to sound disrespectful, but

copycat situations. I think a lot of times that fear drives what happens. So, if I was [the

administrator or consulted with the administrator], I would have probably done

something as far as the faculty and staff to talk about it, shock. I really do not think the

administrator knew what to do being so new.

As a school counselor, Holden described his role and reaction:

I did not feel like I was in a position to go out and pursue something to try to speak to the

entire school at that time. It was basically you are in the counseling office and waiting to

hear feedback from the teachers, to hear feedback from the students…waiting for any

student response to the news circulating…More open communication could have helped

ease stress.

As with Holden's experience, Jamie expressed her frustration with the lack of authority

she had as a school counselor in responding to the crisis which may have negatively impacted

individuals that were affected by the suicide, stating:

I think our [school counselors'] biggest mistake that I made or I wish I could have done

differently, is that as a high school counselor [and] I knew what needed to be done but we

were not allowed to do it because the principal had other ideas and they were wrong. He

waited too long to do certain things and we could have helped more students. Like we

should have been out here. What he said to me was that so and so killed herself. The high

school counselor and I should have been out here the next day. He told me "no"...He does

not know what he is doing with that kind of stuff…it is because he had no idea what he

was doing. He had to call somebody else and find out what they wanted to do. We should

have been out here the next day because there would have been kids here. There were

kids here looking for someone to talk to. We could have been out in the little town where

she lived because there were kids there looking for someone to talk to. Like I said, this is

a small town. Everybody has a cousin or friend. Instead of waiting three to four days to a

week [for the funeral]. We knew, the high school counselor and I, knew what needed to

be done…He was like this is what we are going to do. I came up with an Action Plan. I

told him, this is what we needed. I gave him the list. He said "what do you think we need

to do?" I sent him an e-mail this is what we need to do. He was like, "well, okay. We are

doing to do this, this and this." What about the rest?…Just because you are the principal,

this is the counselor. You asked the counselor's opinion and this is my job. That was kind

of tough to swallow but it is what it is.

Just as administrators attempted to conceal the death of a student by suicide which

negatively impacted school counselors, administrators resisted school counselors in their actions

to prevent suicide. After experiencing the student suicide, school counselors became diligent in

suicide awareness and prevention activities, either by incorporating programs or through building

relationships with students and staff.

Theme Five: Time. School counselors who have experienced the death of a student by suicide have reported that their senses of suicide awareness have improved. The self-awareness has also lead school counselors to educate the school community about suicide and to watch fellow classmates for the demonstration of warning signs.

Subtheme: Administration not supportive of suicide prevention activities. Similar to the administrators' initial shortages of forthrightness after the death of the student suicide, school counselors continued to experience resistance from administrators in implementing programs and strategies to prevent additional student suicides. Ethan and Abby best describe the realities of attempting to implement programs without administrative support.

Ethan reported:

> Under new leadership, it has been very challenging, an extreme disconnect, [he] does not understand what our students need, [he] does not understand what our area needs…He doesn't seem to want to understand. That plays into everything that has happened this year. It was so tone deaf. "You do not care about what our kids need, you do not care about our staff needs on this day. You only care about this. What is wrong with you?" I have really struggled with a lot of hatred since that day.
>
> Even looking forward, we are trying to move forward, bringing in…program[s]. Whatever it has been, it has been a constant battle. It is a constant battle…We know our kids and he doesn't and yet he is making executive decisions as to what programs we should bring in and what we should do in response. Instead of trying to understand what we need to work through this; he doesn't care.

Abby reported similar experiences with administration as Ethan, stating:

I found it most difficult that our district was not making any changes to support students. It seemed like they didn't want to talk about the problem publicly or any solutions the community could do together…It was all about the image…let's just not sweep it under the rug…The community is starting to blame the district because they have had so many and what is their response?

Despite resistance from administration, many school counselors have promoted suicide awareness in their schools through programs and building stronger relationships with students.

Subtheme: Mental health/suicide education. Mental health and suicide awareness was often initiated by the realization that the student who died by suicide exhibited or verbalized distress to other students. Jamie stated:

They [students' close friends] actually all knew she tried to kill herself two other times and did not say anything…We were all like let's be diligent. There were a lot of unanswered things. For us, I think the hardest thing was the fact that because we are a small school there are so many tight knit groups of people there. We had a lot of probably 3-4 months of peeling back layers of stuff and really drilling it into kid's heads that it is not okay to keep secrets about stuff. That was the hardest part because the more people talk, the more came out that there were a lot of secrets people were keeping. People knew a lot of stuff and there were a lot of hurting kids that had been keeping a lot of secrets. I think that was the hardest part.

Gloria also experienced students having information prior to the suicide who did not come forward. Gloria stated,

We had all these Snapchats that were very concerning and if they [the students] had known better they would have said something. If they said something, we could have

intervened…I think we have done such a pitiful job of training them that they would not

even have thought that way. It did not cross their minds of what they needed to do or

think. That too was very hard because I feel like now we need to move this mountain.

Jamie has been active in educating students about suicide and how to get help. Jaime

stated:

> We [school district] actually put a couple of things in place. We redid our protocol for
>
> return assessments for the school. It was kind of casual and we are taking this way more
>
> serious now…So, we also brought in a program called "Safe to Tell"…We walk around
>
> and instill the culture of it is not okay to keep secrets. It is not okay to try to take care of
>
> other people. It is not your job to be the secret keeper.

In addition to changing protocol and initiating suicide awareness programs, many school

counselors reported that they have increased their awareness by developing relationships with

students and staff to promote suicide prevention.

   Subtheme: Relationships. Many school counselors stressed the importance of developing

relationships with all members of the school community in order to prevent suicide, but especially

directly and indirectly with students.

   Abby encouraged counselors to develop relationships with the students and teachers.

Abby stated:

> You have to be able to relate to the kids. If you do not know what is going on in their
>
> lives, they are not coming to you. Get in the classroom, get to know the students because
>
> the better you know kids, not just a kid, but lots of kids…keep your ears to ground, get to
>
> know your teachers; they know your kids. They [teachers] know students because they
>
> see them every day. Get to know your teachers and have good relationships with them so

that they feel comfortable telling you something that they know is going on with a kid.

Just really working on relationships, it really is. I think that is number one.

Holden shared similar thoughts as Abby, stating:

try to remember that relationship factor and go out and try to form those relationships

with the students and even with the staff because if you form a relationship with a

teacher, that teacher more than likely will come to you if they notice things where if you

do not have a relationship with the teacher, they do not even know who you are. A lot of

times they will not come to you. They know you will talk to one of their fellow teachers.

They will not come to the counseling office. Just, remember how relationships are with

the students of course but with all the staff in your building. I know it will be very

difficult because of the expectations and all the things you have to do as a school

counselor but try to make a point of your office. Make it a point to form those

relationships because you never know the information you are going to get back from

those relationships to help students.

Gloria shared the urgency for new students to make connections due to her experiences of

the death of a new student by suicide. Gloria recommended:

One thing I would ask them to look out for is new students, especially new students who

are coming in because they are having to leave something dysfunctional. You need to

make a connection with them. You need to have time in your week where you check with

those kids. Because of the fact they have also not been there maybe have a group with

new kids maybe the first couple of weeks they are there so they know each other. Do

some things to make sure they are okay. One on one meetings to actually form a bond for

those kids that move in which is really hard at beginning of the year with everything that

is going on. You need to take some of that paperwork home and make time during the

day for those kids because that connection is imperative and it makes me truly ill that the

kid did not have anyone on our campus who felt they knew him except for other students.

I would say that is very important.

Barbara has developed a student leadership program in order for students to connect with

one another and for her to connect indirectly with all students. Barbara explains the program:

Juniors and seniors are the leaders. They go through a pretty intense application and

interview process…They go through training. We talk about suicide, we talk about other

self-harm, and we talk about anxiety, communication, and teamwork. We have like three

months of training before schools gets out. Then they [juniors and seniors] work with the

freshman in groups of six…They are responsible for helping the freshman. On Mondays

and Wednesdays, we play games and do things like that. The other days, they work on

homework or personal problems. The biggest thing is building relationships. Because if

they build relationships, they will do anything for them pretty much. That is what I tell

them. I will get on them about grades, you build relationships.

Sometimes, they [leaders] come to talk to me about what is going on. We will

brainstorm things to talk about and things to do. They will go back. They have journals

they have to do every week. They do not like that too much but it gives me a lot of

feedback as to what is going on…It is just awesome to read what they write.

Some freshmen have written letters to the leaders. It [one letter that was received]

was a letter this kid had written that if it hadn't been for you, I would have been dead by

now…I have had a few others that have said they would have done something by now if

it had not been for you. I told the kids, "if we save one," I know that sounds stupid, but,

"if we save one that is one we save." Kids will cut and then show their leaders. Their leaders will bring them to me because they know that is what to do. But, they would not have come if the leaders had not built the relationship.

In summary the five themes that were identified were proximity, reactions, reciprocity, change, and time. The themes provided an overall concept related to the subthemes that were identified through codes of the participants' stories of experiencing the death of a student by suicide. Similarly to theme development, the codes also provided answers to the research questions.

Research Question Responses

The purpose of this hermeneutic phenomenological study was to describe school counselors' experiences following the death of a student by suicide. The individual and group interviews, as well as the journal questions focused on participants' reactions, the participants' professional involvements in postvention activities, and the participants coping techniques after the death of a student by suicide. The codes were used to provide answers that were delineated in the purpose of the study.

Central research question and response. The central research question was an all-encompassing question that the research study was answering (Creswell, 2013). The central research question was designed to make meaning of the lived experiences of school counselors that have been exposed to the suicide of a student. Specifically, the central research question for this study was: How do school counselors describe their experiences following the death of a student by suicide? Families, friends, and multiple health care providers have reported a variety of emotional reactions and professional insecurities in the aftermath of a child, peer, or client suicide (Bell et al., 2012; Castelli-Dransart et al., 2014). Coping strategies have also been

explored (Figueroa & Dalack, 2013; James, 2005; Lerner et al., 2012). However, limited studies have been conducted describing the impact and coping strategies of school counselors following the death of a student by suicide (Christianson & Everall, 2008, 2009). Therefore, the purpose of the central question was aimed at describing the impact and coping strategies of school counselors following the death of a student by suicide while also providing crisis intervention within the school environment.

The stories of school counselors' lived experiences following the death of a student by suicide revealed that school cousnelors experienced many negative reactions that impacted them personally and professionally. The most common reactions were emotional responses. Cognitive, physical, and behavioral responses were also experienced. Additionally, school counselors reported that they were able to cope through social supports, mostly from colleagues or through the support of a private licensed counselor. However, many school counselors did not experience needed school-based support after the death of a student by suicide.

The central research question also focused on the unique role of school counselors in supporting the students and staff following the death of a student by suicide. School counselors described their lack of training in suicide response and recovery. School counselors recalled students' negative experiences of the student suicide and the school counselors' support to the students. School counselors also reported on administrative, teacher, and community reactions. The following three subquestions guided the participants in answering the central research question.

Guiding question one and response. The first guiding question was: How do school counselors describe their reactions when a student dies by suicide? In this study, school counselors were requested to describe their emotional, cognitive, and behavioral reactions after a

student suicide through the theoretical framework provided by crisis in context theory (Myer & Moore, 2006). The purpose of the question sought to describe the individual reactions that have been experienced by other mental health professionals following the suicide of a client or patient and Canadian school counselors (Castelli-Dransart et al., 2014; Castelli-Dransart et al., 2015; Christianson & Everall, 2008, 2009; Séguin et al., 2014; Takahashi et al., 2011; Wurst et al., 2011).

According to the data, school counselors described many negative reactions in response to the death of a student by suicide. The reactions encompassed emotional, cognitive, physical, and behavioral responses (Table C1, Appendix C). The emotional reactions related to the experience of personal and unanticipated loss, such as sorrow, disbelief, and guilt. School counselors also expressed feelings of empathy for the deceased's family and friends. The most common cognitive reaction was hypervigilance to suicidal behaviors in others while exhaustion was the primary physical reaction. Finally, behavioral reactions were related to the school counselors' social performances, such as deliberate social isolation.

Participants expressed negative emotional reactions that were experienced after the death of a student by suicide. Carrie and Abby shared feelings of sorrow and disbelief. Carrie reported that the death of the student by suicide was "shocking." She further stated that she felt, "sad…he [had] so much to live for." Abby stated, "Initially I was shocked…It made me very sad…I would tell them [the deceased students] how important they were and how much they meant to myself and others." Barbara shared her feelings of guilt:

> You know, when they (the kids) were talking about blame. I was like "Look at me, why didn't I see something?" I still say, "What did I miss? What could I have said to him? Could I have talked to him more?"

In addition to the reactions associated with personal loss, school counselors also experienced emotional and cognitive reactions related to others that were impacted. School counselors showed empathy for others impacted and reacted with hypervigilance in the attempt to prevent additional suicidal behaviors.

Carrie and Barbara shared their understanding and response for the deceased's close friends and classmates. Carrie reported:

> I know there was one student in particular that just had a hard time because she was his close friend. She had a class with him. During that period for a while she would come to our [counselor's] office and either work on stuff, just talk or just a place to sit for a while just because that was a hard period for her.

Barbara recalled:

> They [deceased's classmates] did not want to go to class where he was. We [counselors] followed his schedule and went to the classrooms. I did not want to hover, so I would go in and just talk with some kids about nothing in particular. If they seemed okay and I would just leave. If they did not, I would stay and we would talk because that empty chair was awful.

Kristy recalled how the experience changed her sensitivity in recognizing and following up with at-risk students. Kristy is now more cognizant in providing secondary and tertiary prevention activities. Kristy stated:

> I mean I certainly think with my job anytime that it [suicide] comes up I know I definitely make more contact with those students. Just trying to have a plan of meeting with them when they come back, meet with them once a week until they seem to be settled. It has been pretty challenging…[we] had such a high number of threat

assessments whether it was a threat to others or a suicide threats. That has really kept us busy. We have done over 40 [threat assessments] this year.

Physical reactions were experienced by some school counselors. The primary physical reaction reported was exhaustion. Gloria reported, "it was literally a couple of months of just cancelling plans with friends, not having the energy to go anywhere, being sick because I was so tired." Kristy shared, "I think I probably walked 10,000 miles each day. It just was so hectic for that many days in a row."

Finally, behavioral reactions were related mostly to the school counselors' difficulties interacting socially. School counselors deliberately socially isolated themselves in response to the death of a student by suicide. Ethan reported, "Basically, I just walked around the three acres we have and just (did) anything I could to keep my mind off stuff." Gloria reported, "I socially isolated myself…I got off of all social media, cancelled plans, and vegetated in my off time."

Guiding question two and response. The second guiding question was: How do school counselors perceive their professional involvements in postvention activities following a student suicide? The purpose of this question was to provide a description of the school counselors' experiences in providing crisis postvention services to the school community after the death of a student by suicide. Describing postvention activities will assist in gathering information about the amount of impact that was experienced by individuals within the system that can also influence the impact experienced by the school counselor (Myer & Moore, 2006). Previous research has identified that situational factors and level of social support are predictable of recovery outcomes (Bell et al., 2012; Kristensen, Heir, et al., 2012; Schneider et al., 2011; Wilson, MacLeod, & Houtteker, 2015).

School counselors perceived their professional involvements in postvention activities as ill-defined (Table 3, Appendix C). During the crisis situation, school counselors expressed uniqueness in their roles as compared to other school staff such as teachers. Holden reported:

I think teachers, students view differently [than school counselors]. They [teachers] have an agenda, almost every day you go into their classroom, [do] what they want you to do…As [a] counselor, you do not have that pressure because you are focusing on just real life, life decisions.

Kristy also reported the difference between a teacher and school counselor, stating that as a teacher, she felt "like I could not make the connections I wanted to…I just think the direct contact with the students…Here [as a school counselor] it is like you have the one-on-one."

Although school counselors perceive themselves as having a different role than teachers, school counselors often did not feel prepared to respond to a student suicide crisis. Holden reported, "My graduate work did nothing to prepare [me] for facing suicide within the school environment…100% there is not enough training for this arena within the public schools. Always reactive versus proactive approach." Gloria and Kristy also reported the lack of training in graduate school. Gloria stated, "Grad school did not help me at all with suicide related activities…The issues are different [than LPC], so counselors should have their training differentiated too." Kristy stated, "I feel that my graduate training was exceptional in many aspects but there definitely could have been more focus on suicide related activities."

In addition to school counselors' lack of training, school counselors reported that many administrators also lacked training in how to respond to a suicide crisis. Drew reported, "I admit that my training was limited, I still feel that they [administrators] have even more limited instruction when it comes to that [crisis situations]." Jamie reported, "He [principal] does not

know what he is doing with that kind of stuff [crisis]…He had to call somebody else and find out what they wanted to do." Holden reported, "We had a new administrator. This was the administrator's first year. I really do not think the administrator knew what to do being so new."

School administrators' lack of training created poor crisis response and recovery activities. Some school counselors experienced administrators who did not provide any sort of school-wide acknowledgment of the suicide to the student body. Holden reported, "The current administration that I was working with in this situation did not make any type of announcement to the student body." Gloria also reported:

> no one told the counselors, no one told anyone. The administration knew and the only reason that, I think they were kind of hoping that because no one knew him, it would go away…The only reason I found out was because one of my students.

Jamie shared:

> I knew what needed to be done but we [school counselors] were not allowed to do it because the principal had other ideas and they were wrong. He waited too long to do certain things and we could have helped more students.

Lack of communication was suggested by some school counselors to prolong the crisis response efforts. Gloria shared the impact that she and the school community encountered when the administration was not forthcoming of the student suicide. Gloria stated:

> I wish my [administration] had talked to us directly about the suicide instead of keeping it hidden as a secret. It was unhealthy for all of us…It [the secret] created this huge monster because you do not want them to go spreading it around, but you also do not want them [students and staff] to not be able to grieve.

Holden reported, "Admin [administration] could have been more informative to the student body…More open communication could have helped ease stress."

Despite poor school counselor and administrative training, school counselors' postvention efforts were focused primarily on supporting students as the students were experiencing negative reactions to the suicide, such as grief, disbelief, and blame. Jamie reported, "There was about 60-80 kids who were walking around truly devastated she was not here…They (students) were a wreck." Gloria recalled:

> They [police] told the student that he had committed suicide the day before. Of course she [the student] comes to my office sobbing, freaking out…a child would find out, end up in my office and absolutely distraught and then of course I have to make the parent phone call. The parents are hearing their child freak out…there were so many students falling apart in my workday.

Drew reported that the students' responses were ones of disbelief. Drew stated, "but kids were just very reverent but just in disbelief. It was not heavy crying of sorts. I think they [were] just confused, 'how?' This was someone who seemed to be okay, never gave signs of anything."

Another common reaction of students were blame; either self-blame or blaming others for the deceased student's death. Barbara shared that the best friend of the deceased experienced self-blame, stating:

> He [best friend] thought he could have done something. [Barbara stated,] "No, you were his friend. You have to look at that." A lot of the blame for Bobby. [Best friend stated], "He [Bobby] called me [best friend] and I should have been there." They [his friends] still do that some today. Not as much and we can talk through it a lot quicker, not that

you want to go quick, but better than we did in the past. But I think they [friends of the deceased] are more vigilant with their friends and with anybody in school. If they hear anything or see anything on social media they come to me right away. I always follow up with them and let them know yes they are getting help and they are safe.

On the other hand, Isabella experienced a massive "blame game" that occurred through social media. Isabella recalled:

There was what is called a "Social Media Explosion" because some of the kids created fake profiles online. They [kids] were attacking specific kids, [saying], "You did this to this kid [the deceased] that is why he killed [him] self. It is your fault;" like a blame game…Those sixteen kids were all blamed. They [sixteen kids] were like angry about it or they were guilty about it, like, "What if I did? What if I really made him feel bullied?"

Similarly to students putting blame on other students, postvention activities also involved reacting to rumors that often were circulated through the school. Jamie reported, "There were a lot of rumors going around that she overdosed…You have to shut the rumors down. You do not know." Isabella also reported experiences with rumors:

All the rumors started coming up…It was mostly like, "Well, I think this is what happened. Oh, I think this is why he died." I think that is what frustrated me more because it was like, "do you realize what happened? We are not here to figure [it] out, [to] be detectives."

Since school counselors reported poor training to respond to a student suicide, as well as, lack of direction from their administrator, school counselors reported that they often relied on being open and honest with the students they were supporting after the tragedy.

Carrie recalled:

I will be honest, I think a lot of the kids it was good for them to talk to each other. I remember, us not even really having to do so much but just be there if they needed us. They just wanted to talk to each other. We just facilitated some positive conversations about memories.

Isabella reported:

Crying and hugging my students was helpful for them that they did not feel alone…You [school counselors] do not have a fear of showing your emotions. That [showing emotions] actually helped them [students]. They [students] were open to that. It was like I told them, "we were just grieving together. It is best that we do grieve together because you do not want to be alone in this."

Although school counselors were transparent with students, many school counselors indicated that they had difficulty performing crisis response and recovery efforts, especially, informing students of the death and counseling students. Ethan reported,

The most difficult part for me [having lived through this experience] was going to class to class, telling all of my students what had happened. Seeing the wide variety of responses on my students' faces was just impossible to deal with.

Gloria shared her difficulty counseling students stating, "I crumbled inside but had to maintain a strong exterior as I was working with my student who was the completer's good friend.…There was no time to process before working with kids."

Some school counselors were at an advantage to have a crisis response team to largely undertake crisis response efforts. Faith reported:

We called in a crisis team because our boss asked if we could run this crisis and we [said] "no." They [crisis team] came out and kind of ran things. They made time available for staff to utilize their services. That was great.

Faith further recalled the reasons that she choose not to be a member of the crisis team for her school and the current situation, stating:

I think because my relationship was too close…I was like, "I am not at a place to handle it." I knew we had a crisis team so it was a good place to be able to say, Hey, let somebody else handle this because I know a lot of kids…trauma history too. It was more than I could handle.

Isabella also had a similar conversation with her supervisor. Isabella reported:

I tried to counsel as much as I can. I told my supervisor that it could be difficult because [I had] a good relationship with him. That [counseling] only lasted a few minutes and I had to tap out. I let everybody else handle the rest of the kids.

School counselors also continued to follow up with students who were impacted by the student's suicide. Kristy reported the intensity of continued responsibility of follow-up care in crisis recovery, stating:

We [school counselors] were trying to track. We had our attendance secretary just track; what is the reason for leaving [school] and if it was for grieving or whatever it was, she flagged those students so that one of us was catching up with them when they came back…For two to three weeks after that, just constantly checking in with them [students]…we ended up sending those names to the teachers just to say keep your eyes on these kids. They [students] appear to have been close to him and have been affected.

Guiding question three and response. The third guiding question was: How do school counselors cope after the death of a student by suicide? The final question was included so that school counselors could describe the strategies that school counselors engaged in to recover from the suicide of a student. In this study, coping is defined as "processes used by the mind (or body) to deal with stressful demands" (Lazarus, 1993, p. 4).

Coping strategies of various individuals affected by suicide have been explored, including students, staff members, administration, family, friends, and clinical mental health care providers (Figueroa & Dalack, 2013; Lerner et al., 2012; Rycroft, 2005, Séguin et al., 2014). The purpose of question three was to identify the means by which school counselors adjusted to the suicide which led to their recoveries throughout time (Myer & Moore, 2006). The purpose of question three is to provide necessary supports to school counselors after being exposed to a student suicide and to add to the research indicating that more support is needed for individuals in the workplace (Figueroa & Dalack, 2013; Lerner et al., 2012; Takahashi et al., 2011).

Codes found in Table 4 (Appendix C) related to answering the third guiding question. School counselors overwhelming reported that they did not receive necessary professional or personal support in the aftermath of the suicide from their place of employment. Kristy reported:

> To help reduce the distress I wish our school provided us with reminders of self-care through this and a place for us to grieve…We [school counselors] were helping everyone grieve but we didn't feel supported. I would want them [administrators] to know that I felt guilt, inadequacy, sadness, and anger.

Ethan reported, "I think school boards and admin need to be more aware of the toll this takes on staff, especially counselors. Help should be offered."

Kristy, Faith, and Abby shared their experiences about their spouses' lack of understanding after the death of the student by suicide. Kristy stated, "I come home and can talk to my husband about it but he is an accountant. He doesn't get it." Faith also shared similar reactions from her husband, stating, "I didn't feel that my husband was sympathetic. I still don't think he grasps the enormity of how her death affected me." Abby stated, "You either get it or you don't. Until you have experienced (it), it does not make sense to you. Even my husband, he is teaching. He struggled. He doesn't understand."

Some school counselors admitted that they lacked self-care and would have benefitted from seeking professional counseling to address their own needs after the death of a student by suicide. Kristy reported her lack of self-care, stating, "You have to find a way to pull away from it and take care of yourself. That is something I did not do." Gloria reported, "I wish I had gone to counseling myself after the last student suicide. I struggled for months and needed help." Ethan also reported, "I also should've sought professional help, as it [the suicide] still weighs on me somewhat."

The postvention demands, lack of school-based support, and weak self-care had school counselors searching for other methods of coping. The most common coping methods were colleague support and individual counseling with a licensed professional counselor. Other school members and professional networking also offered some support to the school counselor. Carrie reported, "I think I coped with it [suicide death of student] by talking about it with my coworkers." Holden reported, "Thankfully I had an amazing support staff of fellow counselors. We talked about it [suicide] regularly and that let us figure out, cope with the situation the best we could." While Carrie and Holden were supported through their colleagues, Kristy and Isabella sought individual counseling. Kristy stated, "going to an outside counselor was very

helpful to me. Someone that was not involved in the school at all. Someone with a different perspective." Isabella also reported the benefits of a personal counselor, "I went to seek my own counseling…This was helpful because within a week, I was able to then counsel my students through this process."

Other school counselors were able to cope through the support of other staff members. Barbara stated, "We continued to meet as an admin team. We supported each other and listened to each other…As a school, I think it brought us a little closer together." Ethan attended a professional conference on student suicide to help him cope. Ethan reported:

I went to the Counselors Conference. [The] pre-conference was dealing with suicide…It actually made me feel a little bit better because I was sitting there going, "I feel somewhat guilty," but part of me was like, "thank God I am not alone." It was nice to find out it was not just us.

Many counselors expressed that the process of time helped them cope with the loss, as well as physical exercise, and solitary activities, including, writing, independent learning, spiritual devotions, and music. Kristy reported, "It took time to really process in my head everything that happened. That took a while." Ethan reported, "It's taken a lot of time.." Isabella found that "Zumba" was beneficial to her. Isabella also coped through the writing process, stating, "Writing is what I do…It is like I got it out of my system and I am going to throw it away now…It is a lot of writing to get it out." Isabella also read, reporting that she, "did some bibliotherapy" to help her understand the grief process. In addition to Isabella, Abby also reported reading as a coping mechanism, "I did a lot of reading and research on teen suicide." Faith engaged in a variety of solitary activities, "I did listen to music, read the Bible, followed up

with the counseling agency with my complaint, and most recently I ran a 5K for suicide prevention in her honor."

Although, school counselors reported personal coping mechanisms, most school counselors coped by being problem or action-focused in their profession with students. School counselors have been instrumental in advocating and initiating suicide awareness and education programs. Ethan reported the progress that his school district and community has made in suicide awareness and education programs after the student suicide, stating:

we actually have been working with our mental health board this year. They really came in after the suicide and helped us prioritize different things…we had 15 cops in the building from all around. They [the cops] were actually here to talk about trying to understand where our people are coming from. A lot of it was about "You don't know the story about someone so do not judge them based on what you see." It was pretty good. Our kids got a lot from it and so on. Then, we brought in the S.O.S. [Signs of Suicide] stuff which was okay. We had presenters from the Mental Health Board and clinicians come in…Now, actually we are doing this coping with stress group in our biology classes. It is eight sessions…Health Board is actually funding…Olweus. They are funding it completely for us. That is something we are going to be starting, get the ball rolling this spring and get into next fall.

School counselors have also been more intentional in being available for students, including developing relationships with students, despite the demands of other activities, such as paper work, scheduling, and state-testing administrations. Gloria reported that the priorities of the school counselor should be the students, stating, "It [priority] is not the paper work. Sometimes we get really busy and we think something is not important, that is important. It

[importance] is the kids. You can take the paper work home. It is the kids." Gloria further recommended the importance of the students to school counselors, stating, "You always need to prioritize during the busy times to make time for your kids. That is the number one reason why you are there."

In summary, the guiding questions were answered through multiple data sources provided by the participants. The data revealed school counselors' experiences following the death of a student by suicide. The experiences of the school counselors specifically described school counselors' reactions, postvention involvements, and coping strategies. School counselors reacted with negative emotions, overly-sensitive to suicidal signs, exhaustion, and social isolation. School counselors perceive their roles as unique to teachers, but were unprepared for a response to a student suicide. School counselors also perceived school administrators as being untrained in responding to a suicide crisis, with many school administrators lacking necessary and effective communication with staff. School counselors' involvements in postvention activities involved responding to students' negative reactions by being transparent with students. However, school counselors also had difficulty leading and participating in suicide crisis response and recovery with some school counselors having an opportunity to rely on a district crisis team for support to engage in response and recovery efforts. Additionally, school counselors reported the need for more school-based support for themselves during a student suicide crisis. The majority of school counselors relied on colleagues, other school members, and professional networking for support, with some receiving support through family and some not receiving support through family. School counselors sought personal counseling in order to recover personally and professionally after the death of a student by suicide in addition to

independent or solitary activities and advocating for school-based suicide awareness and prevention activities.

Summary

Eleven school counselors who have experienced the death of a student by suicide participated in the study. The school counselors are diverse in their backgrounds and situations, but their individual experiences were collectively interwoven to answer the research question of how school counselors describe their experiences of the death of a student by suicide. The data collected by the school counselors were presented according to frequency codes where themes were identified. Five themes were generated to describe school counselors' experiences with a death of a student by suicide, as the data related to crisis in context theory (Myer & Moore, 2006), suicide survivor research, and school crisis response and recovery. The themes that were identified were: proximity, reactions, reciprocity, change, and time. Participant data from the codes and themes were used to answer the research questions to describe school counselors' experiences with the death of a student by suicide, including school counselors' reactions, postvention involvement, and coping skills. Overall, school counselors reacted emotionally, cognitively, physically, and behaviorally to the death of a student. The reactions impacted the school counselors personally and professionally. Postvention activities included supporting students who were grieving while dealing with systematic issues of poor preparation and training of school counselors and administrators. School counselors reported a deficiency in support with personal and postvention activities; however, school counselors often coped by seeking social supports, independent activities, and engaging in suicide awareness and postvention activities at their schools.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this hermeneutic phenomenological study was to describe the experiences of school counselors who have lived through the death of a student by suicide. This final chapter will begin with a summary of the findings of the study. Next, a discussion of the findings will ensue, including how the findings relate to earlier research on the theoretical framework of crisis in context theory (Myer & Moore, 2006), as well as empirical research of school crisis, the school counselor's role, and suicide survivors. An implications section will follow that will offer practical insights gleaned from the findings that can be shared with the fields of education, mental health, and suicidology. Next, the delimitations and limitations of the study will be defined. Finally, recommendations for future research will conclude the chapter.

Summary of Findings

Eleven school counselors recalled their personal stories to describe their experiences with the death of a student by suicide. Multiple data sources were converted to reveal a collective experience of the phenomenon. School counselors revealed a range of emotional, cognitive, physical, and behavioral reactions after experiencing the death of a student by suicide. Many reactions such as sorrow, guilt, and disbelief were personal reactions to the death of the student. Other reactions such as feelings of incompetency and hypervigilance were reactions related to the school counselors' vocation. And still other reactions such as exhaustion, isolation, and anger were reactions that often originated from the interplay of the school counselor and the school environment after the death of a student by suicide.

School counselors voiced that their roles were unique compared to teachers and administrative roles, especially in the time of crisis. School counselors resoundingly expressed

feelings of unpreparedness in responding to a student suicide, with many stating that there was an insufficient or poorly implemented crisis plan at their schools. School counselors also reported frustrations with the lack of communication with administrators in the development and implementation of a plan to incorporate when the student died by suicide. However, school counselors' postvention activities were commonly focused on the responding to the reactions of students. Typical student reactions were: guilt, disbelief, and blame. School counselors responded to students by being honest and emotionally transparent. Many school counselors expressed difficulty in responding to student needs because of their own grief.

School counselors most often reported the lack of emotional support provided by their school administration and some experienced lack of family understanding. School counselors most commonly coped by talking to colleagues or by receiving personal counseling services outside of their employment. School counselors also coped with the death of a student by suicide by engaging in activities to prevent additional student suicides, such as initiating suicide education or awareness programs and increasing relationships with students.

A discussion about the study's findings will be presented in the following section.

Discussion

The purpose of the discussion section is to compare the findings from the current study to previous theoretical and empirical research noted in Chapter Two. The theoretical bases for the current study were grief, crisis theory, and crisis in context theory. Grief and crisis theory provided a theoretical foundation, while crisis in context theory (Myer & Moore, 2006) provided the theoretical framework for the study. The empirical research, which included the literature on suicide and schools will provide additional context for discussion.

Theoretical

The theoretical literature that provided the basis for the current study were the theories of grief (Lindemann, 1944) and crisis (Hirschowitz, 1973). The theory of grief (Lindemann, 1944) provided a starting point to define the general grief reactions that are experienced by loss through death. Crisis theory (Hirschowitz, 1973) then extended grief theory to include grief reactions due to unexpected deaths. Crisis in context theory (Myer & Moore, 2006) further expanded grief (Lindemann, 1944) and crisis (Hirschowitz, 1973) theories to include the reactions and experiences of those impacted by a crisis, such as an unexpected death. The extension of crisis in context theory perceived the crisis within a larger environmental context which includes the activities and responses of others within the environment who also were impacted by the crisis.

In the current study, grief was one of the primary emotions experienced by school counselors upon being informed of the death of a student by suicide. Previous research by Lindemann (1944) characterized personal grief reactions as being either normal or morbid. A normal or acute grief reaction occurred immediately upon receiving the death notification of a loved one and involved a process of disengaging from the deceased, adapting, and developing new relationships. Morbid grief, on the other hand, is characterized by a delayed grief reaction often due to maladaptive cognitive and emotional behaviors. Maladaptive behaviors could include the urgent need to complete minor or insignificant tasks, hostility, social isolation, and other symptoms that are prone to develop into mental and/or physical illness (Lindemann, 1944).

In light of the current findings and according to Lindemann (1944), school counselors did not immediately begin to detach from the deceased as defined by a normal grief process. Contrary to the process of normal grief, school counselors may have become closer with the deceased through assisting the deceased's family, friends, and others in the school community.

Therefore, in the current study, school counselors often experienced morbid grief. Many school counselors suffered from mental and physical exhaustion, as well as irritability and social isolation. School counselors either pursued personal counseling in order to overcome the grief or regretted not pursuing personal counseling because the impact of the student suicide continued to effect the school counselor on a personal level. In addition to personal grief theory, crisis theory also shaped the understanding of the current study presenting suicide as a crisis event.

Hirschowitz (1973) identified a crisis as a "temporary…disruption" to routine (p. 33) that involved a sequence of four stages. The initial phase consisted of an individual experiencing disorientation and distractibility while reminiscing about life with the deceased. In the second phase, Hirschowitz (1973) described a variety of negative emotional reactions that a surviving individual will experience as a result of a crisis. The third phase, occurring within a few weeks of the crisis, is characterized as the adjustment phase (Hirschowitz, 1973). The adjustment phase was evident by the individual exploring solutions and adjusting to a life without the deceased (Hirschowitz, 1973). The fourth and final phase of the crisis occurred months after the event and is termed the reconstruction period. The reconstruction period is characterized by finding hope and re-attaching to others.

In comparing the current findings with Hirschowitz's crisis theory (1973), there were some areas of agreement and some areas of disagreement. The initial reaction of disbelief experienced by school counselors concurs with Hirschowitz's (1973) early phase, however, school counselors were not personally distracted by internal reflections of the deceased, as Hirschowitz (1973) considered. Instead of distraction, school counselors demonstrated intent urgency to plan to assist students. In the second phase, school counselors exhibited consistent emotions as others that have reacted to a crisis situation. In the third phase and fourth phases,

however, the experiences provided by the school counselors contradicted Hirschowitz (1973). Most school counselors, on a personal basis, did not adjust within a few weeks and did not recover within a few months after the crisis, but took a considerably longer amount of time. However, the reconstruction period did occur with the school counselors who participated in the study. Evidence of the reconstruction period is based upon the school counselors' willingness to participate in the study through such actions as responding to the recruitment material, including the school counseling discussion board post which is often used for professional networking. Participants gained through the discussion board post indicates that those school counselors were re-attaching to other professionals. The findings from the study reflect a delayed progression in school counselors' recoveries.

Lindemann (1944) and Hirschowitz (1973) focused on the individual's response to a crisis. The current study's findings concurred with Lindemann's (1944) and Hirschowitz's (1973) previous findings in regards to the reactions by those who have experienced a crisis. Based on Lindemann's (1944) and Hirschowtiz's (1973) theories, school counselors did not experience a healthy progression of grief. The unhealthy grief is likely due to other external factors that surrounded the death of a student by suicide. Crisis in context theory (Myer & Moore, 2006) is the theoretical framework that guided the current study of school counselors who experienced the death of a student by suicide within the context of the school setting.

According to Myer and Moore (2006), the amount of impact that occurs from a crisis depends upon proximity, reaction, relationships, and change over time. Myer and Moore (2006) reported that the impact of the crisis will be influenced by the individual's physical or emotional proximity to the crisis as well as others' reactions to the crisis. Personal impact is more significant the closer one is to the crisis and when others experience high intensity reactions.

Next, Myer and Moore (2006) suggested that relational interactions and the degree of environmental change influence the amount of impact one experiences by the crisis. For example, greater stress in relationships and more change in the environment will increase the impact of the crisis for an individual. Finally, the amount of time since the crisis passed was suggested to decrease the impact, though special occasions may heighten the impact at a later time.

The findings of the current study generally concur with Myer and Moore's (2006) crisis in context theory. The school counselors who participated in the study varied in the amount of impact that they experienced from the crisis. School counselors who were impacted the most by the crisis either had a close relationship with the deceased, were heavily involved with counseling distraught students, experienced more frustrations with administration or outside agencies involving the crisis or crisis recovery, or experienced substantial disruptions in routine, including an increase in student suicidal ideations or mental health issues after the crisis. School counselors who were impacted the most experienced multiple post-crisis factors. The impact of the crisis did lessen as time went on; however, school counselors were able to begin to personally recover after the school crisis was normalized. Special occasions, such as, the anniversary of the death and upcoming graduations heightened individuals' reflections of the student and suicide.

However, further investigation is needed to explore the reasons why some school counselors who did not have a relationship with the student were highly impacted by the student's suicide. In fact, some school counselors did not know the student personally or professionally, but knew that the student attended the school in which they were employed as a school counselor. Myer and Moore (2006) suggested that physical proximity to the crisis and

those who have been impacted by the crisis will generate a higher impact. Thus, school counselors who were not physically close to the student, but were in close proximity to the environment that was impacted by the death, experienced a high level of distress. The study's findings thus extend crisis in context theory (Myer & Moore, 2006) through the crisis of suicide in the context of the school. The discussion of the theoretical foundations revealed that school counselors experienced an unhealthy progression of grief as identified by Lindemann (1944) and Hirshowitz (1973), but related more closely with Myer and Moore's (2006) crisis in context theory, in which different environmental factors influence the amount of impact one experiences from a crisis. Next, an empirical discussion compares the current study's findings with previous research.

Empirical

Empirical research has also identified factors that influence the impact of a suicide crisis on survivors, including literature on cultural perspectives of suicide, school crisis, school counselors' roles, and suicide survivors.

Cultural perspectives of suicide have varied throughout time, but most perspectives have been negative in the view of suicide. The most common perspectives have continued to prevail, including viewing suicide as a crime, a sin, and a selfish act. First, in this study's findings, many school counselors have continued to use the language "committed" suicide in reference to when a student died by suicide, indicating that a crime occurred. Next, school counselors also revealed that students as well as the school community expressed spiritual turmoil of whether the student would be in hell for dying by suicide. Finally, other school counselors relayed conversations with adults that reflected the selfishness of the person that died by suicide. Contributing to this cultural perception is the resistance to publically bring awareness to suicide.

Although at the end of the Enlightenment Period the medical community began to treat suicide as a symptom of a health condition, school counselors continue to struggle with infiltrating the school environment with mental health awareness initiatives. In fact, many of the school counselors were frustrated with administrators' lack of open communication about the student suicide as well as the lack of initiatives in bringing awareness to suicide. In addition to the administrators, school counselors also have expressed the resistance from parents to seek professional mental health services. The negative cultural perspectives of suicide have been found to interfere with the grieving process of the survivors (Chapple et al., 2015). This study supported previous research that the lack of communication generated more negative emotions, resulting in school counselors' difficulty in generating a healthy progression of grief.

Contemporary theorists, as well as research on youth suicide, have proposed reasons for suicide based upon sociology, psychology, and philosophy. School counselors also speculated on the reasons that a student died by suicide. The school counselors proposed that the students' deaths were the results of a variety of factors that included all three of the disciplines as well as the variety of risk factors. For example, school counselors proposed that the students' deaths were due to environmental or social factors, such as, experiencing traumatic events and weak relationships with others. Specific examples were, moving to a different biological parent's home, transitioning schools, bullying or social isolation. This study's findings concur with previous research that a combination of weak school connectedness and limited friendships increase suicidal risk (Miller, Esposito-Smythers, & Leichtweis, 2015). Additionally, some school counselors reported that depression and poor coping skills, which are psychological factors, were factors to the student suicide. Finally, some school counselors reported that the death was due to the student's lack of hope, which was a philosophical perspective.

This study's finding also concur with current literature that adolescents are more likely to tell a friend than an adult about suicidal thoughts and tendencies (Labouliere et al., 2015; Pisani et al., 2012). This study's findings revealed that more often than not, other students in the school were aware that the student who died by suicide had attempted suicide previously or was experiencing or exhibiting suicidal ideations. Students who knew about the suicidal student did not tell an adult. One of the most recalled reactions that school counselors cited that students experienced after the death of another student by suicide was guilt and blame. The guilt and blame impacted some students significantly, resulting in dropping out of school and engaging in at-risk behaviors such as substance use and sexual promiscuity.

Voight and Nation (2016) found that mentoring programs are useful in providing students with school connectedness and a sense of belonging. Previous literature has reported that teachers often do not receive training on enhancing school connectedness due to academic content pressures (Bernard et al., 2012). Although teachers may not receive formal training, school counselors reported diligence in increasing their own connections within the school with students, teachers, and administration to generate student suicide protection. In addition, school counselors have been instrumental in advocating and implementing suicide awareness and prevention programs in their schools, despite administrative resistance. The actions by school counselors extends previous research conducted with teachers.

National initiatives have charged schools to provide crisis prevention, preparedness, response, and recovery activities, including the crisis from a student suicide. Prevention activities have focused on training staff and students in suicide awareness for the purpose of deterring suicidal behavior. Suicide awareness training can be through gatekeeper programs and screening programs (Goldston et al., 2010), conducting risk assessments, referring to a mental health

counselor, and following up with the student after re-entry from a mental health evaluation and/or treatment.

This study's findings indicate that school counselors who have experienced the death of a student by suicide are more hypervigilant in recognizing and responding to students' symptoms of mental distress. In addition to being hypervigilant, many school counselors have been instrumental in initiating and implementing suicide awareness programs at their schools, including educating students, teachers, and parents about the signs of suicide. One participant reported conducting mental health screenings for the first time after the students's suicide. The participant recalled that the screening identified a substantial number of students with suicidal ideations, which concurs with current research of the usefulness of the screenings (Dowdy et al., 2013; Husky, Kaplan, et al., 2011; Husky et al., 2012; Prochaska, Le, Baillargeon, & Temple, 2016). Yet, another school counselor reported that the school risk assessment protocol was revised, which was used to more adequately identify and refer students for mental health evaluations. Other schools have invested in school-based mental health professionals to assist with the referral process to outside agencies.

Many school counselors in this study reported that they are more forceful in their recommendations to parents and mental health agencies regarding the concerns about a student at high-risk for suicide. One school counselor stated that although she recommended to the parents that the student be assessed for suicide, the parent did not follow through. This experience concurs with research that over 70% of students identified as being at-risk for suicide will not be provided with follow-up care; no matter if services are school-based, community-based, or if the student is insured for services (Husky, Sheridan, et al., 2011; LeCloux et al., 2017). School counselors also reported typical barriers to mental health access, including school mental health

professionals being over-extended with high client and student ratios, stigma from adolescents or parents regarding mental health issues, adolescent noncompliance with treatment, lack of available services, and parental strain (Bowers et al., 2013; DeKruyf et al., 2013; Nadeem et al., 2016; Oruche et al., 2014; Robinson et al., 2013).

In the planning process, crisis teams are pre-assembled prior to a crisis event. Crisis teams include a variety of school and community members to quickly respond to the needs of students and staff post-crisis (Jellinek & Okoli, 2012). Unfortunately, suicide crisis preparedness is not a high priority for most school districts. No matter how detailed the crisis plans are, the plans are of little use when they are not accessed by the school community (Olinger Steeves et al., 2017). The lack of communication with the plan can result in poor response that can be detrimental to students, staff, and the school district.

In this study, school counselors experienced lack of response by crisis team members, no training on the suicide crisis plan or no implementation of the suicide crisis plan for a variety of administrative reasons. Many of the school counselors indicated that the lack of response, planning, and preparedness impacted the response efforts. Therefore, the findings from this study supported the results of previous studies on school crisis preparedness.

When a death of a student by suicide occurs, the pre-designed crisis response teams are activated to implement the crisis plan. Postvention activities are designed to promote individual and system normality as quickly as possible after the crisis. Postvention services are particularly important to provide to youth due to the higher incidence of suicide contagion, or "copycat" suicides that occur in the youth population after being exposed to a suicide (Haw et al., 2013; Maple et al., 2017).

Unfortunately, the findings from this study revealed that either many school counselors did not know the crisis plan, administrators refused to implement the crisis plan, or the crisis team members were not available at the time of crisis. Additionally, school administrators often desired to resume school as normal without providing crisis response to students, staff, or school counselors. The rapid normalcy was proposed by one school counselor to be due to fear of suicide contagion. Nonetheless, many school counselors reported the need for the school community to be informed collectively to be able to appropriately grieve and recover as a community. Without appropriate response, recovery was delayed. When recovery is a shared experience, one school counselor reported that the school community was brought closer together.

This study's findings indicated that since the crisis team was not engaged or activated at most schools, the majority of the crisis recovery was placed on the school counselors instead of shared among a crisis team. School counselors experienced an increase in emotionally distraught students, which concurs with research (Shilubane et al., 2015). The increase in emotionally distraught students required an increase in individual counseling, parent contacts, administrative communication, and outside referrals; an overall increased demand in school counseling responsibilities for school counselors who were also experiencing personal grief and guilt. Many school counselors in the study did not feel supported by administration or staff through the intense amount of social-emotional toil the crisis had on them personally and professionally. School counselors were particularly vulnerable to isolation if they were the only school counselor in the school.

Since the origination of a professional school counselor, school counselors have been trained in many roles, including vocational guidance, individual and group counseling, school

administrative duties, teaching developmental guidance, and assessors for state testing. The multiple roles of school counselors leave many administrators and school counselors confused regarding the school counselors' position within the school.

In the current study's findings, a small number of school counselors felt like their administrators considered the school counselors' opinions in the crisis response and recovery efforts of the school after experiencing a student suicide. A few school counselors disagreed with the management of the crisis, but did not confront administration. Other school counselors did not agree with the administrators decisions and confronted the administration but the administration choose to not respond to the school counselors' suggestions. This evidence concurs with other research that indicates that crisis response and recovery is a role that counselors do not often feel adequately prepared to undertake and which administrators do not always appreciate (Amatea & Clark, 2005; Carlson & Kees, 2013). All of the school counselors reported that their graduate programs did not prepare them to respond to a student suicide, although some school counselors reported that preparation for this sort of crisis may not even be feasible due to the different circumstances that occur during each crisis situation.

Whereas previous research reported that the majority of school counselors perceive themselves as qualified mental health professionals (Carlson & Kees, 2013), the school counselors in this study did not perceive themselves as qualified mental health professionals. Many school counselors noted that they prefer to refer to a school-based clinician or an outside mental health agency to respond to student mental health issues. School-based barriers to provide mental health services have previously been reported, including inadequate funding, limited time and space, and administrative issues regarding the role of the school counselor and perceived lack of mental health priority in the schools (Carlson & Kees, 2013; Macklem, 2014). School

counselors in this study overwhelmingly reported the lack of time for counseling compared to the needs of students, as well as administrators' low priority for addressing mental health in the school setting. Finally, this study's findings of school counselors were compared to the findings from other survivors of suicide.

Previous research indicates that the emotions of those who have experienced the death of another person by suicide experience depressed mood, guilt, shame, and self-blame (Bell et al., 2012; Hanschmidt et al., 2016; Schneider et al., 2011) and have a longer recovery time, especially when the survivor is blaming others or being blamed for the death (Kristensen, Heir, et al., 2012; Kristensen, Weisaeth, et al., 2012), than deaths that occur through natural causes or anticipated deaths. The current study's findings support previous research. School counselors often felt sadness, irritability, guilt, shame, and questioned their actions. One school counselor was blamed for the death by another parent and was interrogated by an investigator. The school counselor demonstrated prolonged and significant reactions which required an anti-depressant and professional counseling in order to begin to recover from the experience.

In regards to suicide survivor categories, Cerel et al. (2014) categorize suicide survivors into a continuum of four categories: the least impacted are exposed individuals, then affected, then short-term and long-term bereaved. The school counselors who participated in the study likely ranged from low to high impact. Therefore, multiple categories of survivors were evident in this study as indicated by school counselors' long-term stress. However, some school counselors experienced significant short-term or long-term stress although the school counselor did not have a close relationship with the student. Cerel et al. (2014) and Jordan and McIntosh (2010) also suggests that individuals who do not necessarily have a close relationship with the deceased individual can suffer from long-term bereavement that requires professional treatment

to recover from the loss. The findings of this study support the previous research on the categories of suicide survivorship that a close relationship with the individual does not necessarily suggest that the individual will not experience long-term distress.

Additionally, most school counselors reported that many students were exposed to the student suicide as previous research suggested (Cerel et al., 2014); however, contrary to previous research, students who were exposed did exhibit distress about the death (Cerel et al., 2014). Evidence from the current study suggests that students who did not know the student well responded negatively. However, concurring with previous research (Cerel et al., 2014), few students were significantly impacted by the death of the student overall. The few students were often close friends of the deceased that experienced substantial bereavement. The study's findings also concurred with previous research in that the adults who were closer to the student, whether it was a teacher or administrator, also exhibited more bereavement; however, the teacher, administrator, or school counselor did not need to have a close relationship with the student, but could have had the student in class or in the school building to have been affected by the suicide.

Previous research reported that higher and moderately impacted professionals felt emotionally close to the patient and felt responsible for the patient's care (Castelli-Dransart et al., 2015). The current findings concur partially with previous research. School counselors in this study reported high to moderate reactions such as sorrow, guilt, and disbelief in addition to empathy for others impacted and a desire to alleviate the impact for others. School counselors, as a whole, felt responsible for the care of the students in their buildings, even when the students were not in the building at the time of the suicide. Additionally, many school counselors did not

describe their relationships with the student as being emotionally close, but oftentimes reported that the deceased was a student that attended school where they worked.

Castelli-Dransart et al. (2015) also suggested that less impacted individuals were either in contact with the patient but not emotionally close or no longer had contact with client. Contrary to Castelli-Dransart et al. (2015), one school counselor reported feeling moderately impacted due to the previous emotional closeness with the student, although contact with the student was currently non-existent. The reason for the moderate level of impact that this counselor experienced could be the result of the school counselor's closeness with the school. The degree of institutional closeness has been found to impact the professionals who have experienced the death of a client by suicide (Castelli-Dransart et al., 2015).

The emotions of guilt, shame, and self-blame remain the typical reactions of members of the school community after a student suicide, as well as shock and the search for answers (Bachta & Schwartz, 2007; Cole et al., 2013; Jellinek & Okoli, 2012; Kennedy-Paine et al., 2013). The findings from the current study concur with the typical reactions from members of the school community. Although previous research suggests that parents, students, and teachers need information about suicide awareness, signs of distress, and coping strategies after the death of a student by suicide (Jellinek & Okoli, 2012), most school counselors did not disseminate this information to parents, students, or teachers, nor did administrators. Furthermore, there was not time allotted for staff members to debrief and process the death, nor were intensive mental health supports offered to staff members, which research suggests promotes positive recovery outcomes (Jullinek & Okoli, 2012). Previous research also indicated that building-level administrators and school counselors who lead the crisis response and recovery efforts experience negative emotions, and those emotions are often repressed due to the active engagement with members of

the school community (Bachta & Schwartz, 2007; Christianson & Everall, 2008, 2009; Fein et al., 2008; McGee, 2017). As for this study's findings, previous research is supported that school counselors will repress their emotions, and thus the recovery process, to provide for others.

Mental health and medical professionals who experience the death of a client by suicide exhibit personal emotional reactions such as guilt, shock, helplessness, sadness, anger, and anxiety (Bell et al., 2012; Castelli-Dransart et al., 2014). Cognitive reactions from professionals include intrusion of thoughts, such as thinking about the incident when they did not want to, avoidance, such as, attempting not to think about it, and hyperarousal, such as being more aware and sensitive to suicide warning signs (Castelli-Dransart et al., 2014; Takahashi et al., 2011). Careers of the professionals were also impacted. Professionals have experienced incompetency, reduction in workload, blame and condemnation from family members of the deceased, and fear of being fired or sued (Draper et al., 2014; Matandela & Matlakala, 2016; Wurst et al., 2011). Christianson and Everall (2008, 2009) found similar reactions from Canadian school counselors who have experienced the death of a student by suicide, including frustration, anger, repressed feelings, loss of competence, fear of litigation, and accusations from the deceased family. The current study's findings validate the previous research on the reactions of school counselors who have experienced the death of a student by suicide.

Similar to other mental health professionals and previous studies with school counselors, school counselors in this study have also coped by engaging in professional networking, physical activity, and spirituality (Christianson & Everall, 2009; Séguin et al., 2014). Social supports have been found repeatedly throughout the suicide survivor research to be the most common coping strategy of individuals who have experienced a suicide (Bachta & Schwartz, 2007; Cole et al., 2013; Ellis & Patel, 2012; Jellinek & Okoli, 2012; Kennedy-Paine et al., 2013; Schneider et al.,

2011; Séguin et al., 2014). In fact, if social support is not received or is insufficient, the recovery process can be hampered, with survivors' withdrawing or concealing the death (Bell et al., 2012; Hanschmidt et al., 2016).

Findings from this study indicated that school counselors most often coped with the death of a student by suicide talking to colleagues and receiving support from their families. However, several school counselors reported that their families were not supportive, not because their family members did not want to be, but because their family members had difficulty understanding the impact that the student death had on the school counselor personally and professionally. Additionally, several school counselors isolated themselves. Most school counselors expressed disappointment that their school district or building level administrator did not offer support. Many school counselors either sought professional counseling or wished that they had received professional counseling. The findings of this study concur with previous research that professionals who did not receive sufficient support from their places of employment were more impacted by the suicide (Castelli-Dransart et al., 2014; Castelli-Dransart et al., 2015; Wurst et al., 2011).

The findings from the current study concurred with much of the previous findings from literature. The current findings generally support the crisis in context theory (Myer & Moore, 2006), if proximity referred to when the school counselor was in close proximity of the crisis response and recovery efforts, with less support given to crisis in context theory if proximity was in reference to the physical closeness the deceased had with the school counselor. The findings did not fully support crisis theory proposed by Hirschowitz (1973) regarding the personal recovery after a crisis. Nontheless, the current study's findings corresponded to previous findings regarding the cultural perspectives of suicide, risk factors of youth suicide, youth help-seeking

behaviors, the lack of preparedness, response, and recovery efforts from schools, the role confusion of school counselors, the typical emotional reactions experienced, and professional coping strategies.

However, the current findings are contrary to previous studies in two areas. One area is in the perceived role of school counselors as mental health professionals (Carlson & Kees, 2013). Whereas, Carlson and Kees (2013) reported that school counselors perceived themselves as mental health professionals, the current findings indicated that school counselors are not self-identified as professional mental health counselors. Another area of contradiction are the factors that contribute to the amount of impact experienced by students and school counselors after the death of a student occurs. Previous suicide survivor research has indicated that the degree of emotional closeness is a determining factor in the amount of impact that is experienced by an individual, however, the current study's findings revealed that impact was not necessarily related to level of emotional closeness, but may be more related to the closeness of the crisis within the context of the environment. The stated contradictory findings reveal several implications for the theoretical framework, empirical research, and practical recommendations.

Implications

The current study's findings have several theoretical implications to grief, crisis, and crisis in context theory, empirical implications regarding suicide survivorship and school counselors, and practical significance in the field of education and mental health.

Theoretical Implications

School counselors who participated in this study more often experienced morbid grief reaction in the wake of a student's death by suicide, which is unhealthy grief. Morbid grief reactions can be attributed to the inability to grieve personally due to the need to care for

grieving students and staff while also addressing the immediate issues in the school environment, such as circulation of rumors, poor administrative communication, and student behavioral changes in addition to the usual job responsibilities. Therefore, school counselors need assistance to personally and professionally disengage from the deceased in order to experience a normal grief reaction. It is recommended that school counselors receive personal and professional counseling support. School counselors may need assistance from an additional school counselor or mental health professional on-site for an extended period of time to provide the necessary supports to the entire school community, including the school counselor.

Additionally, the findings revealed that school counselor's progressions of grief were longer than Hirschwitz's (1973) crisis theory expected. The grief progression was stifled because school counselors did not immediately reflect on their internal feelings and thoughts after the death of a student, but often demonstrated an urgency to assist others. It can be reasoned that school counselors began the personal grief process later and then took longer to personally and professionally recover from the crisis. It could also be reasoned that school counselors' strong sense of responsibility to protect students along with their feelings of guilt and professional incompetency contributed to their having more difficulty personally adjusting and recovering from the crises. Therefore, school counselors need to begin to immediately focus on their own grieving processes instead of immediately focusing on supporting others. It is recommended that school counselors engage in their own personal counseling or self-care immediately following the news of the suicide. Just as school counselors are recommended to advocate for themselves, school administrators should also plan to support school counselors in the aftermath of a student suicide by offering personal counseling, social networking, and self-care resources.

Although the school counselors who participated in the study demonstrated a personal and professional recovery by networking with other professionals, some of the participants indicated that there was a period of time in which they were not "ready" to talk about the crisis. In fact, at least six school counselors initially responded to the recruitment for this study, but then declined participation. Although a refusal to participate may have been due to many respectable reasons, one possible reason is the difficulty that the school counselors may have had in reliving their experiences, especially through an interview process. If this reason for nonparticipation is accurate, then the school counselors may have been stuck at the second phase of crisis recovery of struggling with a variety of emotions. School counselors need time to frequently discuss the student suicide in order to adequately process their reactions and surrounding events. It is recommended that schools provide multiple opportunities for a period of time to debrief with all of school staff. Recommendations for debriefing opportunities could be in whole-group and small-group discussions, journaling activities, such as pen pals within the school staff, or book clubs that focus on suicide survivorship or the progression of grief.

In a recent study of immediate family, relatives, and friends of individuals bereaved by suicide, Bellini et al. (2018) found that over half of the participants were experiencing significant symptoms of complicated grief. Complicated grief is defined by prolonged acute grief in which other circumstances have interfered with the typical grief recovery process (Shear, Ghesquiere, & Glickman, 2013). The factors associated with the suicide, such as length of time since the suicide or amount of suicides previously experienced did not influence those that possessed complicated grief (Bellini et al., 2018). Bellini et al. (2018) concluded that complicated grief was related to difficulty grieving. This study's findings, as well as findings from previous suicide research, reveal a longer grief process for individuals that have experienced the death of another

by suicide. The longer grief reactions and the intensity of the grief may imply that school counselors are experiencing complicated grief. School counselors need assistance in grieving. A recommendation to gauge the school counselors' grieving processes would be for administrators or school-based mental health professionals to follow-up with school counselors with a checklist of complicated grief symptoms. School counselors could complete the checklist and if the results indicate high to moderate risk, referrals to mental health professionals should be suggested.

Finally, the findings of the study suggest compatibility with Myer and Moore's (2006) crisis in context theory. However, in this study, most school counselors were moderately to highly impacted by the crisis, but not emotionally close to the student. The high impact that school counselors experienced could indicate that the impact was related to contextual factors within the school, as well as, school counselors' personal attributes to protect all students. School counselors need assistance in defining the situational or personal factors that are contributing to the higher impact. Engaging in various assessments such as an environmental or school culture assessment and an assessment of personal attributes is recommended to identify the factors that are associated with the higher levels of impact. Once the factors are identified, it is advisable that school counselors, administrators, and crisis team members address the factors quickly and effectively to support the school counselor.

The majority of theoretical implications revealed that school counselors need support to focus on their personal grief after experiencing the death of a student by suicide. Theoretical recommendations were provided to reduce personal grief, such as personal counseling support, debriefings, and identifying and resolving contextual factors that may contribute to a higher grief level. In addition to providing theoretical implications, the results of the study also provided

implications for the related literature pertaining to school counselors' experiences with the death of a student by suicide.

Empirical Implications

Previous suicide survivor research suggested that an individual most impacted by the death of a loved one was closer to the deceased individual. In the current study, school counselors who have experienced the death of a student were overall moderately to highly impacted by the event. School counselors experienced typical emotions that other mental health professionals experienced following a client suicide, as well as elongated grief processes, but they were not necessarily close to the students. It appears that the lack of open communication from administrators along with poor crisis preparation, response, and recovery efforts further impacted school counselors and generated additional stress. School counselors, school administrators, and crisis team members need clear and open communication in order to reduce the amount of distress in the aftermath of a student suicide. It is recommended that school counselors, school administrators, and crisis team members develop, practice, and review the crisis plan for the death of a student by suicide multiple times a year to plan for such a crisis, and when a student suicide occurs, implement the crisis plan.

School counselors were often the sole providers of handling the emotional turmoil of the school community. School counselors stated that they possessed a sense of urgency to assist others in their grief. It can then be reasoned that counselors demonstrated compassion. Compassion is defined as a, "sympathetic consciousness of others' distress together with a desire to alleviate it" (Compassion, 2018). Some school counselors' reactions during postvention efforts reflected compassion fatigue. Compassion fatigue is defined by the physical and mental exhaustion and emotional withdrawal experienced by those who care for sick or traumatized

people over an extended period of time, as well as, apathy or indifference toward the suffering of others as the result of overexposure to tragic news stories and images and the subsequent appeals for assistance (Compassion Fatigue, 2018). Reactions such as, exhaustion, isolation, and numbing after multiple exposures were reported by school counselors as well as requesting assistance to deal with the crisis personally or professionally. School counselors are negatively impacted when they are the direct sole providers in the aftermath of a suicide crisis. School counselors need assistance in supporting the school community. It is recommended that the district invest in additional school-based counseling supports to students so the school counselor is not subject to the acute and progressive grief of multiple students in the school community.

In addition to school counselors' reactions to the remotely known deceased, school counselors reported that students demonstrated significant and sometimes prolonged reactions to a peer suicide without a close relationship. Possible reasons for students' negative reactions without a close relationship could be due to the students' ages or developmental levels in understanding death, previous exposures to death or other's suicide, or other factors such as, students' poor mental health or lack of connectedness or relationships. The possible reasons for students' reactions also suggests the heightened need for school counselors to assist students, which may further lend itself to compassion fatigue. Students need explicit guidance in understanding suicide and grief. It is recommended that after the death of a student by suicide, a series of classroom based discussions ensue with the students, delivered by the school counselor or other mental health professionals that will educate students, on their developmental level, on the risk factors of suicide, common reactions of individuals who have experienced the death of another's suicide, as well as suicide prevention and interventions.

Lastly, after the death of a student, school counselors were diligent in reconstructing or activating suicide awareness within their schools. The findings indicate that school counselors are problem-focused, which was likely a coping strategy and may have been the result of the guilt that the school counselors experienced. School counselors may be more problem-focused to prevent student suicide to alleviate their feelings of guilt for not recognizing any real or imagined signs of suicidal ideations of the deceased student. School counselors need to confront their feelings of guilt about the students' deaths by suicide. It is recommended that school counselors explore the sources of their guilt. It is recommended that school counselors who feel guilty and may avoid personal counseling due to guilt, actively seek counseling to logically process the death and refocus guilt reactions to healthy and personal coping.

The empirical implications provided through the study's findings reveal a need for clear communication between crisis leaders, a need for additional crisis response and recovery assistance, a need for students to have explicit guidance and information in understanding student suicide after the death of a student, and a need for the school counselor to confront his or her feelings of guilt. Based upon the empirical implications, it was recommended that the crisis plan be developed, reviewed, and implemented, additional counseling supports be offered, a series of classroom-based discussions be presented to students about suicide, and for school counselors to explore feelings of guilt and seek personal counseling to overcome guilt.

Practical Implications

The study of school counselors who have experienced the death of a student by suicide has many practical implications for the fields of education, including school counselors, school administrators, and school crisis teams. First, school counselors and administrators need to be better prepared for an unfortunate event of a student suicide. It is recommended that preparation

begin with university training for school counseling and administrative programs. At the graduate level, school counselors and administrators should be informed of who, how, and when to plan and practice crisis response and recovery. It is further recommended that the training involve a range of trauma-induced reactions and scenarios to problem-solve the crisis in order to attempt to prepare for a variety of student suicide specific situations, such as investigations, parents refusal to inform the school the cause of the death, and siblings attending the same school as the deceased.

Secondly, school counselors appear to be natural caretakers of others, but have not necessarily developed the knowledge or skill sets to care for themselves. School counselors need to recognize signs of compassion fatigue. It is recommended that school counselor training programs assist school counselors in learning self-reflection and self-care skills. It is also recommended that training programs provide opportunities for school counselors to develop self-care skills and the understanding of when self-care is essential, particularly in high stress crisis situations and when there is only one school counselor serving the school. The school counselors who isolated themselves were more vulnerable to isolation within their jobs of being the only school counselors who were handling the crisis response and recovery efforts in their buildings.

Third, school counselors were reserved in their crisis response and recovery leadership role. School counselors need to know their expertise and how to advocate for themselves. An additional recommendation for school counselors' training is assertiveness training. School counselors should be encouraged to practice informing other school leaders of their training. Assertiveness training can also help school counselors to advocate for themselves when they are personally unable to carry out their professional duties due to a school-related trauma. For example, when a school crisis occurs, the school counselor can be trained to professionally

adovocate for his or her self-care, without guilt, to temporarily relinquish the care of students to other qualified professionals.

Fourth, although school counseling programs encourage school counselors to be the mental health professionals in the schools, most school counselors do not practice a mental health professional role regularly, thus, when a school crisis occurs, school counselors feel unprepared to engage in full-time mental health counseling. Collaborative training with school counselors and administration is needed to specify the school counselors' roles within the school setting prior to and when a death of a student by suicide occurs. It is recommended that administrators and school counselors review the ASCA National Model of recommended duties of school counselors. After the review, administrators are encouraged to determine their human resources in order to better define the school counselor's typical and crisis counseling role.

Fifth, our current society is more turbulent than ever before and students are entering the school system with more mental health issues and traumatic experiences than previously. Building-level and district-level administration need to be trained in crisis prevention, preparation, response, and recovery efforts, specifically in situations of student suicide. It is recommended that administrators be trained in the whole-child approach of recognizing the physical and mental health of all students. In such manner, it is recommended that policy makers define and enforce student-school personnel ratios in order to enhance school connectedness, as legislators are encouraged to fund essential programs to educate the whole-child.

Sixth, suicide reactions can occur in all individuals within the school, despite the amount of closeness the individual had with the deceased. The reactions of unanticipated and violent deaths can continue to impact others for a long period of time. District level administrators need to be informed, sensitive, and supportive to the emotional situation at the building-level. District-

level administrators are advised to be in close contact with the school and school counselor throughout the first year to discuss the impact of the student suicide, the need for student and staff support, and to offer and provide additional resources for students and staff, including funding for outside of school counseling services for students and staff.

Seventh, in times of crisis especially, school counselors were never supposed to be the sole provider of emotional support for students and staff. School counselors need help in crisis response and recovery efforts. It is recommended that all school staff assist in the crisis response and recovery efforts and that these efforts may be for a prolonged period of time. Crisis team members are encouraged to continue to participate in the crisis recovery until the recovery efforts are no longer needed. It is recommended that debriefings occur regularly in order to discuss follow up care and any revisions needed for the crisis plan.

Finally, practical significance can occur for clinical mental health providers. School counselors sought personal counseling services after the death of a student by suicide and school counselors refer students and staff for more intense counseling services. Clinical mental health professionals need to be knowledgeable about the reactions of those who have experienced a student suicide. It is recommended that mental health professionals contact the school counselors to offer support, not only for the school environment, but for the school counselor as well. Mental health professionals can also offer support for the school and local community in promoting suicide awareness and education initiatives.

The practical implications revealed that school counselors needed more preparation in crisis response and recovery, need to recognize signs of emotional distress, need to be more assertive in their roles and expertise with administrators, need to collaborate with administrators to define their roles, and need more assistance when a death of a student by suicide occurs. Other

practical implications focused on building-level and district administrators and policy makers in understanding and providing crisis prevention, response, and recovery for student suicide, and for clinical mental health providers' understanding of typical suicide reactions. Practical recommendations included trainings, debriefings, and providing ongoing support to the school counselor and the school community.

The study's findings revealed implications for school counselors, students, administrators, policy makers, crisis team members, and mental health professionals. School counselors need support to focus on their personal grief, additional crisis response and recovery assistance, more preparation in crisis response and recovery, and need to collaborate with administrators to define their roles. Students need explicit guidance after another students' death. Administrators and other leaders need to make mental health needs a priority in the schools within the area of crisis prevention, preparation, response, and recovery. Crisis team members need to communicate more effectively when responding and providing recovery after the death of a student suicide. Finally, mental health professionals need to understand and provide support for the school community after the death of a student by suicide. Based upon the implications, it is recommended that school counselors and administrators be trained more fully on responding to a crisis situation, school counselors seek and are provided with personal counseling support, crisis team members engage in regular planning meetings and debriefings, contextual factors be identified and resolved that relate to a higher grief level, and suicide education for students be provided in the aftermath of a student suicide.

The theoretical, empirical, and practical implications were gleaned from the findings of the current study, however, the current findings should be interpreted through the following

deliminations that were identified prior to the study and the limitations that arose during the study.

Delimitations and Limitations

Various delimitations were planned prior to conducting the study of school counselors who have experienced the death of a student by suicide. Delimitations provided a boundary in which to secure the trustworthiness of the study. The delimitations of the study consisted of the research design, selection of participants, and length of time since the students' deaths.

A qualitative study was selected as the research design, as many other researchers have also chosen this design in suicide survivor research in order to provide first-hand accounts of individuals who have lived through the death of a student by suicide (Bell et al., 2012; Creswell, 2013; Draper et al., 2014; Matandela & Matlakala, 2016). A phenomenological design was chosen to exclusively study school counselors who experienced the single phenomenon of student suicide (Creswell, 2013). More specifically, hermeneutic phenomenology research design was applied for studying the phenomenon. Hermeneutic phenomenology emphasizes the meaning of school counselors' experiences of a student suicide, focusing on the participants' internal feelings and reactions and the researcher's interpretation of the data as an individual who has also lived through the experience (van Manen, 2014).

A transcendental phenomenology approach could have been selected, which emphasizes recalling the events of the experience; however, I wanted to investigate the school counselors' personal feelings and reactions related to living through a student suicide (van Manen, 2014). In addition to phenomenology, a multiple case study or a grounded theory design was considered, but I wanted to specifically describe the experiences of one group of individuals, school

counselors, who have been impacted by a single event, student suicide. Therefore, phenomenology was the best suited method for the study.

The selection of participants was also a delimitation. Certified school counselors who have lived through the death of a student by suicide while working in the public or private PreK-12th grade school in the United States where the deceased student attended were sought to participate in the study. School counselors who could share their first-hand accounts of their work environments prior to, during, and after the death of a student by suicide were able to provide more in-depth information about their experiences with a student suicide. The school counselors who worked in the same building as the student attended when the death occurred would be able to provide information about reciprocal factors that occurred between the individual and the system in which the crisis occurred (Myer & Moore, 2006). The reciprocal interactions can influence the impacted individuals' perceptions and meanings of the crisis (Myer & Moore, 2006). In contrast, school counselors who were not employed at the school where the student attended were not eligible to participate in the study. School counselors who were ineligible may have been a school counselor who participated on the district crisis team and were involved in the crisis response.

The last delimitation was the length of time since the student suicide occurred. The student suicide must have occurred less than five years ago. Due to the reflective nature of a phenomenological study as well as previous study timelines, the student suicide must have occurred within the past five years (Castelli-Dransart et al., 2014; van Manen, 1997). Because participants were required to recall experiences of the near past, a timeframe within the past five years was defined to provide the best results in recalling the experience. Furthermore, the five-year timeframe was provided because previous studies investigating individuals' experiences

with suicide also instituted a five-year timeframe (Castelli-Dransart et al., 2014; van Manen, 1997).

Although the delimitations provided a boundary to secure the trustworthiness of the study, there were limitations of the study that I was unable to control. I was unable to control three participant variables that may have impacted the participants' experiences and interpretations of the suicides. One variable that I was unable to control was the degree of closeness the school counselor had with the deceased student or the degree of attachment the school counselor had to the school. While some school counselors had a working relationship with the deceased student, others did not know the student very well. In general, the closer the relationship that one had with the deceased, the more impact that the individual will experience after the suicide (Cerel et al., 2014). In previous studies, higher and moderately impacted professionals felt emotionally close to the patient and felt responsible for the patient's care (Castelli-Dransart et al., 2015), while less-impacted professionals were either in contact with the patient but not emotionally close or were no longer in contact with the patient (Castelli-Dransart et al., 2015). Furthermore, the more involved the professional was within the institution, the more impact the suicide had on the professional (Castelli-Dransart et al., 2015). Again, school connectedness was also not formally established as a boundary for the study.

In addition to the degree of closeness and school connectedness, the amount of support offered to the school counselor to assist in crisis response could have also impacted the experiences of school counselors. Therefore, another variable that I was unable to control was that some school counselors had support through a district crisis team that assisted the school counselor immediately after the suicide was confirmed. The district crisis team often was available for crisis response for one to three days. The support of a district school crisis team

often alleviated the immediate postvention responsibilities of the school counselor that often involves the initiation and implementation of the crisis plan and activities such as disseminating information about the death, debriefing staff members, providing counseling, requesting additional counseling, arranging for funeral attendance, and establishing memorials (Cox et al., 2016; Fineran, 2012; Suicide Prevention Research Center, 2011). Without the sole responsibility to engage in postvention activities, the school counselor had the ability to grieve with the school community in the height of the crisis response without the pressure of providing counseling. On the other hand, school counselors who engaged in immediate postvention activities often suppressed their own feelings because of their responsibilities to engage in recovery efforts with members of the school community (Bachta & Schwartz, 2007; Christianson & Everall, 2008, 2009; Fein et al., 2008; Fineran, 2012; McGee, 2017). School counselors who repress their own feelings can experience emotional exhaustion and burnout (Crepeau-Hobson & Kanan, 2013; McGee, 2017). Due to these reasons, assistance provided from a district school crisis team could have limited the study in distinguishing school counselors' experiences from those being assisted by district school crisis teams and those who were not assisted by school crisis teams.

Another limitation to the study was studying school counselors who had experienced more than one student suicide within the past five years. School counselors who experienced multiple deaths were asked to describe each student suicide separately and compare the experiences. Oftentimes, the school counselor would share that the experiences were different based upon the reciprocity factors of the school counselor/student relationship and the school counselor's support system, and the impact that the death had on the school environment. The multiple exposures to student suicide may have been a limitation because Cerel et al. (2017)

reported that individuals who have experienced multiple suicides possess a higher risk of experiencing more impact (Cerel et al., 2017).

Finally, the study was limited in the degree of anticipation that the school counselor possessed with the death of the student. Although most school counselors reported that the suicide was unexpected, some of the school counselors shared that the death was not surprising due to the multiple risk factors the youth possessed. The disparity in the level of anticipation may have limited the study because an unexpected death has been shown to have a stronger impact on surviving individuals (Schneider et al., 2011).

The current study was influenced by delimitations and limitations. The delimitations included the research design, the work environment of the school counselor, and timeframe since the death. In the current study, the delimitations were utilizing a hermeneutic phenomenological design to gather information about school counselors' feelings and reactions of having lived through a death of a student by suicide within the past five years while working in the same school as the deceased student attended. The limitations of the study included reciprocity factors, school counselor support, suicide exposure, and anticipated probability of the suicide. In the current study, the limitations were the degree of closeness the school counselor had with the deceased student, the degree of attachment the school counselor had to the school, availability of district-level crisis response support, school counselors who experienced multiple student suicides within a five year period, and the degree of anticipation of the death. The findings, delimitations, and limitations of this study can provide recommendations for future research.

Recommendations for Future Research

Multiple recommendations and directions can be made for future research based upon the findings of the current study, the discussion of the findings in light of previous research, the study's implications, delimitations, and limitations.

First, multiple qualitative research designs could be used to further research school counselors' experiences of a death of a student by suicide. For example, a transcendental phenomenology approach could have been selected, which emphasizes recalling the events of the experience (van Manen, 2014). Aslo, a case study or a multiple case study design could be implemented that would provide perspectives from various stakeholders in the school, such as administrators, school counselors, students, teachers, and parents regarding the crisis recovery and response of the school community after the death of a student suicide. In a multiple case design, the cases could be analyzed to provide insightful recommendations to school crisis teams in preventing, planning, responding, and recovering from a student suicide. Additionally, a grounded theory study could be implemented to understand the leadership dynamics of a school in a crisis situation. Another future direction could be to conduct a quantitative study to compare possible factors associated with level of impact, such as level of administrative and crisis team support, anticipation of the suicide, previous suicide exposure, and personal risk factors such as experiencing other traumatic events or experiencing mental health issues.

Secondly, in addition to research design, future research could also be conducted into the specific underpinnings that impacted school counselors when the school counselors did not have a close relationship with the student. More research is needed in determining if proximity, individual or institutional, impacts the school counselors' reactions to the death of a student by suicide, if the sense of responsibility to protect all students impacts school counselors' reactions,

or if there are other external factors. Other external factors could include poor administrative decisions and lack of emotional support that may have influenced the school counselors' recovery processes.

Third, another future research direction would be to investigate school counselors' progressions in the grief process. Future research could investigate the typical time progression and activities associated with each stage of progression and the specific factors that relate to each process of adjustment. Future research should also investigate school counselors' susceptibilities of developing complicated grief and specific interventions to assist with complicated grief symptoms.

Finally, more research with building-level principals and district administrators should occur to investigate the role, reactions, and needed support when a death of a student by suicide occurs. Further research is needed in the reasons that administrators are not implementing the comprehensive crisis planning document to assist schools in preventing, preparing for, responding to, and recovering from a student suicide crisis (Office of Safe and Healthy Schools, 2013) in order to assist school administrators in communicating and supporting their school community when a death of a student by suicide occurs.

Summary

The purpose of this hermeneutic, phenomenological study was to describe the experiences of 11 school counselors who have lived through the death of a student by suicide. Five themes were generated to describe school counselors' experiences with a death of a student by suicide. The themes that were identified were: proximity (responsibility to students), reactions (negative emotional reactions), recriprocity (compassion and compassion fatigue), change (role confusion), and time (action). School counselors demonstrated a general sense of responsibility

to the students they serve. When a student death by suicide occurs, school counselors experience disbelief, sorrow, and guilt, which are common emotions of individuals impacted by suicide. School counselors also immediately exhibited compassion for those impacted in the school community. It is implied that school counselors' service to others lead to characteristics of compassion fatigue as well as stifled grief progression. School counselors also felt unprepared to respond to a student suicide and struggled with other internal school factors such as poor school crisis management and role confusion with administration. School counselors often desired more support from their districts in crisis response and recovery efforts, as well as support to personally cope with the death of a student by suicide. However, school counselors did cope through colleague support and by problem-solving, in which school counselors became diligent in suicide awareness and prevention initiatives. Initiatives were either in program initiations or becoming more diligent in forming relationships with students and staff in the building.

The experiences of school counselors imply that contextual factors surrounding the student suicide impact the school counselors' personal and professional perspectives of the suicides as well as their abilities to grieve. The findings indicate that school counselors are problem-focused, which was likely a coping strategy and may have been the result of the guilt that the school counselors experienced. School counselors may be more problem-focused to prevent student suicide to alleviate their feelings of guilt for not recognizing any real or imagined signs of suicide ideation in the deceased student. Recommendations for future research addressed the factors associated with the variable that may lead to prolonged grief.

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Appendix A

Demographic/ Eligibility Survey

1. What is your gender?

o Female

o Male

2. Which category below includes your age?

o 25 years old or younger

o 26-35 years old

o 36-45 years old

o 46-55 years old

o 56-65 years old

o 65 years old or older

3. Where and when did you obtain your school counseling degree?

4. When did you receive your school counseling certification?

o Prior to 1980

o 1980-1990

o 1991-2000

o 2001-2010

o 2011 or after

5. How long have you been practicing school counseling?

o   Five years or less

o   6-10 years

o   11-20 years

o   21-30 years

o   31 years or longer

6. Have you experienced the death of a student by suicide while working as a school counselor in the school where the deceased student was currently attending?

o   Yes

o   No

If no, please stop here. You are not eligible to participate in the study.

7. How long has it been since the suicide occurred?

o   Six months or less

o   7-11 months

o   1 year

o   2 years

o   3 years

o   4 years

o   5 years

o   More than 5 years

8. What type of school best describes the school that you were employed at when the

    student suicide occurred?

o   Public

o   Private

o   Other

    _____

9. What grade levels were contained in the school where you were employed when the

    students' suicide occurred?

o   PreK-5

o   6-8

o   9-12

o   Other

    _____

10. What best describes the geographical location that the school was in where you were

    employed with the student suicide occurred?

o   Rural

o   Urban

o   Suburban

o   Other

    _____

11. How can I contact you for an interview?

- Name

- Company

- Address

- City/Town

- State

- Zip

- Email Address

- Phone Number

Appendix B

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

November 20, 2017

Suzanne Lea Nichols
IRB Approval 3037.112017: A Phenomenological Study of School Counselors' Experiences
Following Student Suicide

Dear Suzanne Lea Nichols,

We are pleased to inform you that your study has been approved by the Liberty University IRB.
This approval is extended to you for one year from the date provided above with your protocol
number. If data collection proceeds past one year, or if you make changes in the methodology as
it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms
for these cases were attached to your approval email.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
The Graduate School

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Appendix C

Table C1

School Counselors' Reactions of Student Suicide Codes Identified from Data Analysis of Participant Responses and Frequency of Occurrences of Each Code

Code	Frequency
Emotional Reactions of School Counselors	
Guilt/Incompetent	46
Sorrow (Grief, depressed, sadness, loss)	40
Disbelief (Naïve, Shocked, Unexpected, Surprised)	31
Empathetic	29
Guardianship ("My"/"our" kids/students)	28
Blameless	7
Angry	6
Tragic/Traumatic	5
Scared	5
Numb	3
Delayed Response	2
Cognitive Reactions	
Hypervigilant	32
Students' choice	9
Blamed	8
Inattention	7
Confused /how/why–unanswered questions	7
Thought Invasion/last conversation	5
Expected	3
Irritable (couldn't take menial things)	3
Denial	1
Physical Reactions	
Exhaustion (Overwhelming/Broke Down)	16
Sleeplessness	1
Loss of appetite	1
Lack of self-care	1
Behavioral Reactions	
Isolation/Avoidance/Escape	7
Loss of Work Productivity	2

Table C2

Postvention Codes Identified from Data Analysis of Participant Responses and Frequency of Occurrences of Each Code

Code	Frequency
School Counselors' Role	
Role different than admin and teachers	12
Regular referrals to mental health counselors	10
Preparation	
Unprepared (Grad school/crisis plans)	24
"On the fly plans"---Quick Decision making	14
Preparation (PD and Experience)	10
Administration	
Positive-Supportive	6
Lack of Communication	31
Untrained	16
Students	
Negative Reactions	
Grief	18
Disbelief	16
Blame	14
Rumors	11
Behavior Changes	7
Increase in Suicidal Ideations	6
Student Avoidance	5
Student Numb	4
Spiritual Turmoil	3
Anger	3
Support to students	
Counseling	
Refrained	14
Difficulty	14
Continued care/follow up	11
Transparency	25
Talking/Listening	10
Referrals to outside agencies	9
Contacting Parents/Sending Students home	8
Available	8
Student-Led	8
Urgency	6

Table C2 (Continued)

Code	Frequency
Teachers	
Negative Reactions (grieving/guilt)	15
Supporting Teachers	
Talking	8
Substitutes	2
Crisis Response Services	1
Community	
Community Connectedness	13
Community Scrutiny	6

Table C3

Coping Codes Identified from Data Analysis of Participant Responses and Frequency of Occurrences of Each Code

Code	Frequency
Absence of Personal Support	
School –Based Support	22
Lack of Self-Care	7
Needed professional counselor	4
Lack of Family Understanding	3
Social Support Received	
Colleagues	13
Other School Members	6
Professional Networking/Conferences	5
Family	5
Licensed Professional Counselor	12
Grieving/ Self-Reflection (Processing/Time)	7
Physical Labor/Exercise	4
Independent Learning	4
Spiritual	3
Advocating to refrain from certain duties	2
Medication	1
Substance Abuse	1
Music	1
Routine	1
Writing	1

Table C4

Outcomes Codes Identified from Data Analysis of Participant Responses and Frequency of Occurrences of Each Code

Code	Frequency
School Counselors	
Advocating for suicide awareness	11
Redefining their role to students and administrators	
Available to students for mental health	15
Educating Students	9
Referring students	1
Administration	
Not supporting suicide awareness	25
Supporting mental health services	3
School Suicide Education	
Students	
Student Education/Awareness	19
Students did not recognize	
/tell about students' signs of suicide	12
Student-Led Initiatives	10
Community Resources	7
Family of student educating others	6
Professional Development	5
Parent Education/Awareness	3
School Resources	3
Relationships	
School Counselor to Students	15
School Counselor to Student to Students	6
School Counselor to Teachers to Students	5
School Counselor to New Students	3
Continued Bond—Experience Last	12
Special Occasions	5