LEFT BEHIND AFTER SUICIDE: SUPPORTING SCHOOL COMMUNITIES THROUGH CRITICAL INCIDENT RESPONSES AND TRAUMA-INFORMED PERSPECTIVES

by

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Left Behind After Suicide: Supporting School Communities Through Critical Incident Responses and Trauma-Informed Perspectives

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Dedication

This paper is dedicated to a school community who moved through the impacts of trauma with bravery, resilience, and compassion for the human experience. Thank you for your wraparound support and palpable love for one another in a time where there seemed to be no right answers. For the strength of the pack is the wolf, and the strength of the wolf is the pack.

Abstract

When a student or staff member from a school dies by suicide, it can have a devastating impact on the school community. Research shows that suicide loss survivors are particularly vulnerable to intense emotions, a perceived lack of social support, and are exposed to a risk of contagion due to the traumatic and stigmatizing nature of the death. The objective of this capstone is to explore the effects that suicide bereavement can have on students, staff, and family members who are left behind, and to investigate critical incident responses and trauma-informed approaches that are currently being implemented by school districts in British Columbia. Recommendations for effective postvention in schools will be proposed based on the key elements of trauma-informed suicide-focused work. The theoretical perspective of trauma-informed practice and the decolonizing ideology of Two-Eyed Seeing will be used to guide the research in this capstone.

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Left Behind After Suicide: Supporting School Communities Through Critical Incident Responses and Trauma-Informed Perspectives

Chapter 1: Introduction

Introduction

"For people who have been deeply impacted by a suicide, the journey is often long term and transformational." – John R. Jordan

As the second leading cause of death for youth, suicide has been categorized as a public mental health crisis (Ruth & Bridge, 2022; Statistics Canada, 2022). Though rates are high, bereavement after suicide has often been neglected in the field of suicidology (Jordan, 2020). When a person dies by suicide, loved ones left behind face a variety of significant challenges due to the traumatizing and stigmatizing nature of the death (Gutin, 2018; Jordan, 2020). The bereaved must navigate obstacles that are unique to suicide loss, including questioning the right to grieve, expecting low levels of social support, and experiencing intense feelings of shock, horror, guilt, denial, and disbelief (Gutin, 2018; Jordan, 2020). When a suicide occurs within the context of a school community, these devastating impacts cannot be changed; however, teachers, school counsellors, and administrators can integrate effective critical incident responses and trauma-informed perspectives that may promote lasting positive effects on healing from suicide-related trauma.

In this capstone, I aim to explore ways that critical incident responses and trauma-informed perspectives can help support short-term and long-term postvention for grieving school communities following the suicide of a student or staff member. First, I intend to explore the factors that place youth at risk for suicidal behaviour and bring awareness to the unique and

challenging impacts suicide has on the bereaved. I will also highlight effective critical incident responses to suicide that are currently being implemented by school districts in British Columbia and develop an understanding of the key elements required for trauma-informed suicide postvention that promotes Post-Traumatic Growth (PTG).

Background Information

Suicidology

In the last decade, there has been a significant increase in mental health challenges and suicidal behaviour among youth, including suicidal ideation, suicide attempts, and nonfatal and fatal self-injurious behaviour (Ruch & Bridge, 2022; Wiens et al., 2020). As the second leading cause of death among young people, suicidologists have determined youth suicide as a public mental health crisis (Ruch & Bridge, 2022). A growing body of research suggests that adolescents are particularly vulnerable to suicidal behaviour due to the unique neurobiology and brain development that place them at risk for impulsive emotional behaviour (Ballard & Pao, 2022). The adolescent brain is also vulnerable to contagion or imitation as it is common for youth to learn through modeling and acquire new patterns of behaviour by observing the model's behaviour (Bilsen, 2018). Suicide contagion can be influenced by one's direct environment but can also exist at the macro level in the media or in popular culture, especially when the death is glamorized or sensationalized (American Association of Suicidology, n.d., Bilsen, 2018). Finally, epidemiological studies show that a history of Adverse Childhood Experiences (ACEs) greatly increase the risk of suicidal behaviours, while approximately 90% of youth who die by suicide possess a history of mental health challenges (Bilsen, 2018; Kwan et al., 2022). Though other risk factors for suicide exist, adolescent neurobiology and brain development, exposure to ACEs, presence of mental health disorders, and suicide contagion or imitation are the most

significant factors that put adolescents at risk (Ballard & Pao, 2022; Bilsen, 2018; Fuller-Thomson et al., 2016; Kwan et al., 2022).

Suicide Rates in Indigenous Populations

In Canada, youth suicide rates are significantly higher among Indigenous populations (First Nations, Métis, and Inuit), than that of their non-Indigenous peer group (Kumar & Tjepkema, 2019). High rates of suicide among Indigenous youth have been attributed to intergenerational and historical trauma as a result of colonization and continuing marginalization (Kumar & Tjepkema, 2019). The Public Health Agency of Canada shows that First Nations youth experience suicide rates five to seven times greater, Métis youth experience suicide rates two times greater, and Inuit youth experience suicide rates nine to eleven times greater than the Canadian average, which is among the highest suicide rates in the world (Barker et al, 2017; Graham et al., 2021). A growing body of research suggests that suicide interventions and postventions must be culturally accordant with Indigenous paradigms and must conceptualize suicidality and related mental health issues as expressions of historical, cultural, societal, and familial trauma (Barker et al., 2017).

Applications in School Settings

When a suicide occurs within the context of a school community, students, staff, and families are often adversely affected by the devastating impacts of the loss (School District No. 43 Coquitlam, 2019). After a suicide, district-based critical incident teams are mobilized to implement postvention policies and procedures that support the grief process of the students, staff, and families impacted by the death (British Columbia Ministry of Education, 2015). Crisis intervention protocols, such as postvention, are developed with support from the British Columbia Ministry of Education, which provides general guidelines for individuals districts to

create critical incident response manuals tailored to their unique organization, traditions, and resources (British Columbia Ministry of Education, 2015). Suicide postvention in B.C. schools is largely influenced by the American Association of Suicidology School Suicide Prevention Programs Committee, which provides suggestions for managing the crisis, disseminating information, counselling, communicating with families, and responding to media (American Association of Suicidology, n.d.).

I have witnessed the traumatic and devastating ways that suicide can impact a school community. I walked alongside my colleagues as we attempted to navigate the complex human experience of suicide bereavement and process our own grief while simultaneously caring for a room full of vulnerable adolescents impacted in various ways. I have seen children become suicide loss survivors in the span of one evening, along with the development of shock, horror, guilt, and disbelief as they attempted to adapt to their everyday routines. I have witnessed adolescents process their grief through imitation and I understand how real the concept of suicide contagion truly is. It is with gratitude that I also acknowledge the Post-Traumatic Growth (PTG) that can occur when a school community perceives postvention through trauma-informed perspectives and creates a network of support for all members. It is these experiences that led me to my research on suicidology, critical incident responses, and trauma-informed practices, and it is my hope that the research can deepen the understanding of the issues schools face as they endeavor to implement effective postvention plans.

Statement of the Problem

With suicide being a leading cause of death for adolescents, it is inevitable that school districts in British Columbia will continue to be impacted by its devastating effects (Statistics Canada, 2022). In the days immediately following a suicide, school districts mobilize crisis

teams to implement critical incident responses and short-term postvention plans (School District No. 43 Coquitlam, 2019). However, once the crisis team departs from the building, the responsibility of helping students navigate the long-term impacts of grief and suicide-related trauma becomes the responsibility of teachers, counsellors, and administrators. Unfortunately, most school staff lack training in this area, as suicide bereavement is a topic that has often been neglected in the field of suicidology (Jordan, 2020). Therefore, teachers, counsellors, and administrators require a framework for creating an environment of safety, trust, clarity, predictability, connection, and inclusion that aides in the development of long-term trauma-informed suicide postvention (Mirick et al., 2023).

Purpose of the Paper

In this paper, I acknowledge the existing literature around youth suicidology, as well as the unique and challenging impacts suicide has on the bereaved. I also aim to bring awareness to effective critical incident responses to suicide that are currently being implemented by British Columbia school districts as well as an overview of trauma-informed principles that can help support postvention when a school community has been deeply impacted by the experience. Throughout this capstone, it is my purpose to develop an understanding of the key elements required for long-term, trauma-informed suicide postvention in schools by presenting clear recommendations for educators, counsellors, and administrators.

Research Question

In this capstone, I aim to answer the following question: How can critical incident responses and trauma-informed perspectives help support short-term and long-term postvention for grieving school communities after a student or staff member has died by suicide? In order to answer this central question, I will focus on exploring the unique challenges faced by suicide loss

survivors and will present information that will help deepen the understanding of trauma-informed perspectives in schools as they endeavor to implement effective postvention plans.

Theoretical Framework

Throughout this capstone, I will use two theoretical frameworks that will support and guide the research question. The first is the Trauma-Informed framework, which begins with an accurate understanding of trauma and its impacts and incorporates a goal of recovery through the intentional and ongoing focus of environmental safety, trust, clarity, connection, and inclusion (Poole et al., 2017). The trauma-informed approach recognizes that experiences of trauma are common, and that there are a wide range of effects of trauma on short-term and long-term health and well-being (Poole et al., 2017). Exploring suicide bereavement through a trauma-informed lens will help to understand the unique grief process of suicide loss survivors due the traumatic nature of the death and may help tailor suicide postvention support and programming.

The second theory that will guide the research is the Two-Eyed Seeing perspective, which is a framework that may act as an effective suicide intervention specifically for Indigenous populations (Marsh et al., 2020). Two-Eyed Seeing is a decolonizing methodology that blends Indigenous and western ways of knowing in developing treatment methods and programs (Marsh et al., 2020). The framework recognizes Indigenous knowledge as a distinct epistemological system that can exist in unison with western science, and advocates for inclusion, trust, respect, collaboration, understanding, and acceptance of the strengths in both worldviews (Marsh et al., 2020). Evidence shows the blended model helps develop a relationship of mutual cultural respect, increases the rate at which Indigenous people access mental health services, and serves as an effective healing process (Marsh et al., 2020).

Significance of the Study

The research presented in this study is significant for educators, counsellors, and administrators in their endeavor of better understanding the impacts of trauma and suicide-related trauma. With suicide being a leading cause of death of school-aged children, it is inevitable that school districts in British Columbia will continue to be impacted by its devastating effects (Statistics Canada, 2022). Therefore, this research may also aid in the development of an effective school-based postvention plan that promotes healing, resilience, and post-traumatic growth through trauma-informed perspectives. Further research may explore diversity considerations for First Nations, Métis, and Inuit youth in Canada, including suicide postventions that are culturally accordant with Indigenous paradigms and conceptualize suicidality and related mental health issues as expressions of historical, cultural, societal, and familial trauma (Barker et al., 2017).

Definition of Terms

Adverse Childhood Experiences (ACE’s): traumatic childhood experiences with lasting impacts on mental and physical well-being (Fuller-Thomson et al., 2016).

Contagion: suicidal ideation, suicide attempts, and nonfatal and fatal self-injurious behaviour influenced through imitation of the suicidal behaviour of others; often a result of glamorizing or sensationalizing the death (Bilsen, 2018).

Post-Traumatic Growth (PTG): a positive, long-term effect of trauma that includes a changed outlook on life, greater resilience in the face of stress, and the development of increased prosocial feelings and behaviour such as compassion, non-judgmental tendences and hope (Jordan, 2020).

Postvention: intervention conducted following a death by suicide that helps to support the bereaved and prevent further suicide (American Association of Suicidology, n.d.).

Protective Factors: factors that decrease the likelihood of suicidal behaviour (Bilsen, 2018).

Risk Factors: factors that increase the likelihood of suicidal behaviour (Bilsen, 2018).

Suicide: a fatal, self-injurious act with evidence of intent to die (Bilsen, 2018).

Trauma: psychological and neurobiological effects of events or experiences that involve overwhelming fear, stress, helplessness, or horror (Isobel, 2021; Hallett & Donelan, 2021).

Trauma-Informed: a systemic perspective that provides a framework for treating primary symptoms of trauma while understanding and acknowledging ways in which these symptoms have formed due to stressful life experiences; intentional and ongoing focus of creating an environment of safety, trust, clarity, predictability, connection, and inclusion (Hallett & Donelan, 2021; Poole et al., 2017).

Two-Eyed Seeing: a decolonizing methodology that blends Indigenous and western ways of knowing in developing treatment methods and programs (Marsh et al., 2020).

Outline of the Remainder of the Paper

The remainder of the paper explores how trauma-informed perspectives can inform effective postvention to support school communities in which there has been a death by suicide. Chapter 2 will review literature that helps to develop an understanding of factors that contribute to youth suicide as well as the unique bereavement process experienced by suicide loss survivors. Chapter 2 will also provide an overview of common critical incident responses to suicide in British Columbia school districts and explore the principles of trauma-informed practices in the development of trauma-informed school communities. Chapter 3 will describe how teachers, counsellors, and administrators can implement elements of trauma-informed

suicide postvention to support the grief process and promote post-traumatic growth within the school community.

Chapter 2: Literature Review

Introduction

When a person dies by suicide, the bereavement process of loved ones left behind is often more challenging to navigate than any other manner of death (Gutin, 2018; Jordan, 2020). When a suicide occurs within a school community, students, staff, and families are often left feeling lost and unsure of how to support one another due to the traumatic nature of the death and the stigma that sometimes comes with discussing suicide. In Chapter 2, I will review the literature around suicidology and its relation to youth, as well as common critical incident responses and trauma-informed practices in British Columbia school districts. The research reviewed will provide insight into the impacts of suicide, effective school-based crisis responses, and trauma-informed applications that will help tailor suicide postvention support and programming based on the complex needs of grieving school communities.

Review of Research Literature

Understanding Youth Suicide

Youth in Crisis

Suicide, a fatal self-injurious act with evidence of intent to die, is the second leading cause of death among youth and young adults aged 15 to 34 in Canada (Bilsen, 2018; Statistics Canada, 2022). In the last decade, there has been a significant increase in mental health-related emergency department visits, hospitalizations, and outpatient services among youth, as well as a rise in the prevalence of diagnosed mood and anxiety disorders comorbid with suicide (Wiens et al., 2020). With common patterns of suicidal ideation, suicide attempts, nonfatal and fatal self-injurious behaviour, youth suicide is considered a public mental health crisis (Ruch & Bridge,

2022). Therefore, it is crucial to build an understanding of the factors that contribute to the increase in suicidal behaviours among adolescents (Bilsen, 2018).

Risk and Protective Factors

The youth suicide crisis suggests a need for public health services to better understand the risk and protective factors that contribute to suicidal behaviour in adolescents (Bilsen, 2018). Overall, adolescence is characterized by an increase of independence, identity formation, self-esteem development, and psychological and physical transitions (Bilsen, 2018). During this period of development, adolescents will likely feel a degree of helplessness, insecurity, stress, and a sense of losing control (Bilsen, 2018). To successfully cope with these challenges and emotions, adolescents must have supportive resources known as protective factors, which decrease the likelihood of suicidal behaviour (Bilsen, 2018; Udoetuk et al., 2019). Common themes across research shows that high positive levels of social connectedness, family stability, access to mental health services, lack of access to deadly weapons or drugs, religious involvement, and the ability to solve problems and overcome adversity are factors that decrease the risk of suicide in adolescents (Bilsen, 2018; Udoetuk et al., 2019; Teevale et al., 2016). Risk factors are elements that undermine or limit access to these resources and decrease the ability to cope with challenges (Bilsen, 2018). Though determining risk and protective factors for adolescent suicide can help understand the crisis, it is important to note that each death is caused by a dynamic, and complex interplay of genetic, biological, psychological, and social factors unique to every individual (Bilsen, 2018).

One contributing risk factor for suicide is the unique neurobiology and brain development of adolescents. During adolescence, the brain undergoes various changes that place youth at risk for impulsive emotional behaviour (Ballard & Pao, 2022). For example, the prefrontal cortex

(PFC), a brain structure responsible for planning, controlling impulses, and executive functioning, is the last structure to develop and is not fully matured until young adulthood (Ballard & Pao, 2022). In contrast, the limbic regions associated with emotional reactivity, including the nucleus accumbens and amygdala, are fully matured in adolescence (Casey et al., 2008). Therefore, the adolescent brain is susceptible to having strong emotional reactions at a period of development where one's ability to plan and control impulses is less evolved (Ballard & Pao, 2022). The tendency toward reactivity places adolescents at risk for impulsive suicidal behaviour (Ballard & Pao, 2022).

Epidemiological studies have also shown that a history of Adverse Childhood Experiences (ACEs), traumatic childhood experiences with lasting impacts on mental and physical well-being, substantially increase suicide risk (Fuller-Thomson et al., 2016). Though risk factors directly linked to specific life events can be diverse, some types of event stressors are more likely to be associated with suicide than others (Bilsen, 2018). Researchers speculate that ACEs such as sexual abuse, physical abuse, and exposure to domestic violence increases the likelihood of self-injurious acts (Fuller-Thomson et al., 2016). Bullying and cyber-bullying are other stressful events associated with suicidal ideation, suicidal behaviours, and poor mental and physical well-being (Bilsen, 2018; Kwan et al., 2022). When subjected to ACEs, stress hormones of children and adolescents increase, which causes chronic stress and can lead to altered brain structure (i.e., increased anxiety, irregular emotional responses, enhanced amygdala activity) (Kwan et al., 2022). Adolescents who experience ACEs are more likely to have higher post-traumatic stress, lower sense of self-worth, and a decrease in the sense of an internal locus of control (Kwan et al., 2022). The long-lasting physical and psychological responses to ACEs can increase suicide risk for adolescents (Fuller-Thompson et al., 2016).

Mental health disorders also increase the risk of suicide in adolescents (Bilsen, 2018). Approximately 90% of youth who die by suicide possess a history of mental health challenges including mood disorders, substance abuse disorders, personality disorders, eating disorders, schizophrenia, and anxiety disorders (Bilsen, 2018). History of mental health disorders among direct family members, especially depression and substance abuse, are also closely linked with suicide (Bilsen, 2018). In general, the comorbidity of mental disorders significantly increases risk of suicide in adolescents (Bilsen, 2018).

Finally, a phenomenon known as suicide contagion or imitation is a significant risk factor (Bilsen, 2018). Suicide contagion or imitation occurs when a person is influenced by the behaviour of others (Bilsen, 2018). Adolescents may learn through modeling and acquire new patterns of behaviour by observing the model’s behaviour (Bilsen, 2018). Suicide contagion or imitation can occur at a macro level (e.g., media, popular culture) but can also be influenced by one’s direct environment (e.g., peer groups, friends, family, school environment) (Bilsen, 2018). Contagion or imitation is most likely to occur when similarities between the adolescent and model are present (e.g., age, gender, status, background), when there is a strong bond between the adolescent and the model, or when the model is someone admirable to the adolescent (Bilsen, 2018). The extent to which the model’s behaviour is reinforced also influences suicide risk (Bilsen, 2018). For example, suicide risk is greater when the model’s behaviour is condoned, celebrated, or even deemed admirable and brave (Bilsen, 2018). Contagion or imitation behaviour at its most severe dimension can create a suicide cluster, which is a chain reaction of suicides, usually among adolescents, in a distinct area and period of time (Bilsen, 2018). Due to the unique brain structure of adolescents and their tendency to learn through modelling, youth are particularly vulnerable to suicide contagion or imitation (Bilsen, 2018).

Though there are many other risk factors for suicide, adolescent neurobiology and brain development, exposure to Adverse Childhood Experiences, presence of mental health disorders, and suicide contagion or imitation are the most significant risk factors for youth (Ballard & Pao, 2022; Bilsen, 2018; Fuller-Thomson et al., 2016; Kwan et al., 2022). It is also important to note that the risk factors mentioned above are general in nature and do not explore the unique considerations for Indigenous populations in Canada, which I will discuss in the following section.

Diversity Considerations

Research indicates that suicide rates among Indigenous populations are significantly higher than the rate among non-Indigenous groups (Kumar & Tjepkema, 2019). In Canada, these groups include First Nations, Métis, and Inuit people, which make up an estimated 4.9% of the overall population (Barker et al., 2017; Graham et al., 2021; Kumar & Tjepkema, 2019). The Public Health Agency of Canada shows that First Nations youth experience suicide rates five to seven times greater than that of their non-Indigenous peer group, while Métis suicide rates are two times higher (Barker et al., 2017). Inuit youth experience suicide rates that are nine to eleven times greater than the Canadian average, which is among the highest suicide rates in the world (Barker et al., 2017; Graham et al., 2021). Given the severity of these statistics, it is important to understand the factors specific to Indigenous groups that affect suicidality (Barker et al., 2017; Turpin et al., 2020). There is a developing understanding and body of research that describes the contexts and conditions leading to suicide for Indigenous youth in Canada (Barker et al., 2020; Turpin et al., 2020). The conditions for Indigenous youth differ from those of the general population and must be acknowledged as such (Barker et al., 2017).

The high rate of suicide among Indigenous communities has been attributed to intergenerational and historical trauma as a result of colonization and continuing marginalization (Kumar & Tjepkema, 2019). The effects of colonization and marginalization include acculturation stressors such as "(1) loss of land, traditional subsistence activities and control over living conditions; (2) suppression of belief systems and spirituality; (3) weakening of social and political institutions; (4) racial discrimination; and (5) marginalization" (Kumar & Tjepkema, 2019, p. 6). Furthermore, the removal of Indigenous children and youth from their home communities and placement into residential schools throughout the 19th and 20th centuries has had devastating consequences such as separation from family, community, culture and language, family and community breakdowns, mental illness, and often physical and sexual abuse (Kumar & Tjepkema, 2019). The intergenerational transmission of the effects of trauma has been passed from parents to their children, which contributes to poorer mental health and decreased ability to cope with distress (Kumar & Tjepkema, 2019). Colonialism and cultural genocide have created cultural dislocation and identity confusion for many Indigenous people in Canada, which is thought to be contributor to the high rates of suicide among First Nations, Métis, and Inuit youth (Kumar & Tjepkema, 2019).

A growing body of research suggests that suicide interventions must be culturally accordant with Indigenous paradigms and must conceptualize suicidality and related mental health issues as expressions of historical, cultural, societal, and familial trauma (Barker et al., 2017). Unfortunately, standard suicide interventions tend to be based in western, individual-level frameworks that target behavioural change, focus on traditional psychotherapies, and operate under the assumption that healing requires formal mental health services and professionals (Barker et al, 2017). Research shows that protective or resiliency factors for Indigenous youth

are distinct from those of their non-Indigenous peer group and revolve around culturally driven community-based frameworks (Barker et al., 2017; Kumar & Tjepkema, 2019). For example, belonging to a community where at least 50% of its members share Indigenous knowledge and language, and where elder or peer-to-peer mentorship exists, is associated with lower suicide rates (Graham, 2021; Kumar & Tjepkema, 2019). Other culturally driven and community-based factors include "(1) secure Indigenous title to traditional lands; (2) achievement of self-governance; (3) control over educational, health care, police and fire services; and (4) cultural facilities to preserve and enrich cultural lives" (Kumar & Tjepkema, 2019, p. 7). At the individual level, family and community connectedness, emotional well-being, and success at school have shown to be connected to lower suicide rates (Kumar & Tjepkema, 2019). At the socioeconomic level, higher family income and employment, social equity, access to culturally tailored mental health services, ability to cope with distress, and networks of social support have been shown to protect against suicide among Indigenous youth (Kumar & Tjepkema, 2019). Evidence shows that the identities and cultures of Indigenous people are greatly connected to health; therefore, the idea of culture as treatment serves as a unique and diverse approach that may help heal trauma, promote well-being, and reduce suicide rates among Indigenous youth (Barker et al., 2017; Kumar & Tjepkema, 2019).

Limited research exists for culturally based suicide instruments that meaningfully measure wellness based on participation in cultural interventions (Barker et al., 2017). The focus of research has been more widely applied to substance use and addiction treatment for Indigenous groups, which have established some evidence of the effectiveness of culture as treatment (Barker et al, 2017). One example of culturally based suicide interventions comes from File Hills Qu'Appelle Tribal Council in Saskatchewan, which consists of eleven First Nations

groups (Barker et al., 2017). The council facilitates youth workshops and cultural camps that integrate arts and theatre-based practices to explore and reestablish Indigenous identities while actively addressing youth mental health and suicide through decolonization practices (Barker et al., 2017). Though the program is in the beginning stages, the culture as treatment approach is viewed as one step forward (Barker et al., 2017). Further research might explore continuing evidence-based treatments for culturally based interventions that simultaneously address broader socio-cultural factors such as family substance and alcohol use, mental health issues, racism, and insufficient housing (Barker et al., 2017).

Suicide Bereavement

Grief models show the general experience invoked by loss or death and describe the process though which a person mourns and adapts to the loss (Dağ & Alkar, 2022; Worden, 2018). The general bereavement process often brings feelings of shock or denial as the individual begins to accept the death of their loved one (Dağ & Alkar, 2022; Worden, 2018). Once the individual acknowledges the death, the emotional and physical pain of the loss begins and the individual attempts to adapt to a world in which the deceased person no longer exists (Dağ & Alkar, 2022; Worden, 2018). Evidence-based models of grief are effective in outlining the bereavement response in many cases. However, the grief of suicide loss survivors has significant challenges that are not present in general grief models (Gutin, 2018; Jordan, 2020).

When a person dies by suicide, the bereavement process in a community is often more challenging to navigate than other types of loss due to the traumatic and stigmatizing nature of suicide (Gutin, 2018; Jordan, 2020). Posttraumatic stress disorder (PTSD) symptoms such as shock, horror, disbelief, and intrusive thoughts and questions are common for suicide loss survivors, especially for those with a higher level of perceived closeness to the deceased person

(Gutin, 2018; Jordan, 2020). The stigma associated with suicide creates challenges for bereaved individuals and suicide loss survivors often internalize a societal message that their grief is illegitimate (Gutin, 2018; Jordan, 2020). Research shows that suicide loss survivors are also stigmatized and are perceived to be less likable, more blameworthy, more ashamed, and in more need of professional support than other bereaved individuals (Gutin, 2018). Survivors of suicide loss often question their right to grieve, expect low levels of social support, and deny or hide the mode of death (Gutin, 2018; Jordan, 2020). The traumatic and stigmatized nature of suicide increases feelings of isolation and creates many additional challenges for the bereaved (Gutin, 2018; Jordan, 2020).

Additionally, the perceived intentionality and preventability of a suicide death affects the duration, intensity, and nature of the grief (Gutin, 2018; Jordan, 2020). Common feelings for suicide loss survivors include guilt, failure, anger, shame, rejection, betrayal, and abandonment, which can prolong the grief process (Gutin, 2018). Furthermore, disruption in family systems can add to the intensity of grief as familial conflicts around suicide often focus on blame, discordant grieving styles, and difficulties in understanding and attending to the needs of family members while grieving (Gutin, 2018). Research also shows that the nature of suicide grief places bereaved individuals at an increased risk for suicidal ideation and behaviours (Gutin, 2018; Jordan, 2020). Survivors of suicide may wish to end their own pain through death, attempt to understand the mental state of the deceased by putting themselves in the same position, punish themselves for the perceived failure to prevent the suicide, or join their loved one (Gutin, 2018; Jordan, 2020). Overall, suicide grief differs from the general bereavement process in its thematic content, the social processes surrounding the survivor, and the impact suicide has on the bereaved individuals (Gutin, 2018; Jordan, 2020). The unique nature of suicide must be

considered when creating interventions to help survivors through their grief process (Gutin, 2018).

Critical Incident Responses to Suicide

Planning for Crisis

Schools and school districts often deal with sudden and unexpected incidents, which have the potential to adversely affect students, staff, and the community (School District No. 43 Coquitlam, 2019). The existence of well-established plans for anticipating and dealing with a crisis alongside the understanding of the general grief process can decrease confusion and ensure that any decisions made during these emotional times are reasoned and thorough (School District No. 43 Coquitlam, 2019). A critical incident is defined as "any incident, whether natural or human-caused, that has a negative emotional impact on those affected resulting in a state of stress or discomfort and feelings of loss of control" (British Columbia Ministry of Education, 2015). Established critical incident plans provide a guideline of support, can be effective in reducing psychological, physical, and social difficulties, can ensure that one critical incident does not lead to further crisis, and reassure students, staff, and families that the incident is being competently managed (School District No. 43 Coquitlam, 2019).

Critical Incident Responses to Suicide in BC Schools

Postvention plans must be established in advance for schools to effectively deal with the devastating impact after the suicide of a student or staff member (American Association of Suicidology, n.d.) It is important to note that no model postvention plan fits every school community in British Columbia, as each district has its own organization, traditions, and resources (British Columbia Ministry of Education, 2015; American Association of Suicidology, n.d.). However, the development of a critical incident resource manual can offer guidelines to

help schools and communities create postvention policies and procedures that are tailored to individual districts (British Columbia Ministry of Education, 2015; American Association of Suicidology, n.d.). Though each district's critical incident plan is slightly different, two common goals for postvention in schools emerge: (1) to help the students, faculty, and support staff with the grieving process; and (2) to prevent further suicides through contagion. (American Association of Suicidology, n.d.; School District No. 43 Coquitlam, 2019; School District No. 63 Saanich, 2022). The goals guide the development of a postvention plan that helps schools manage crisis, disseminate information, provide counselling, and communicate with students, staff, families, and members of the community (American Association of Suicidology, n.d.; School District No. 43 Coquitlam, 2019).

The first step in developing a school postvention plan is to designate a Critical Incident Response Team (CIRT) who can communicate with administrators, travel to schools to implement the plan, and provide support to staff and students (American Association of Suicidology, n.d.; School District No. 43 Coquitlam, 2019). CIRT members are selected by the school district and must have previous training in the areas of crisis management, counselling, and postvention principles (American Association of Suicidology, n.d.;School District No. 43 Coquitlam, 2019). The size of the CIRT will depend on available resources, the size of the school, and the impact of the suicide, though six members is a suggested minimum to meet the needs of a school following a suicide (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). When a suicide occurs, the school administrator will activate the CIRT who will consult with district administration to determine the appropriate response (School District No. 63 Saanich, 2022). Postvention implementation may include communicating with staff, reassigning responsibilities of those most closely affected by the suicide, providing

on-site debriefing, providing information and resources, connecting the school with appropriate community resources, developing a plan for long term support and monitoring, and providing ongoing updates to district administration throughout the response (School District No. 63 Saanich, 2022). To fully support members of the school community and prevent contagion, the CIRT must maintain a link with the school during the entire course of postvention (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019).

When a suicide occurs, open, direct and accurate information must be communicated immediately, as attempting to delay the dissemination of information can encourage rumors (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). The school administrator will often be the first staff member to be informed of the suicide by police or medical professionals (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). The administrator will then distribute information to faculty members with a telephone call or in a meeting at the beginning of the school day (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). When communicating with students, it is important to first notify close friends of the deceased, who must learn about the death from a familiar person and may be told by a phone call or taken out of class to be told individually (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). A brief written statement must be provided for teachers to read to their students, which includes the basic facts of the suicide without disclosing precise description and details of the method, a recognition of the sorrow and distress the news will cause, and information about the resources that will be available to help students with their grief (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). The information must also be communicated to other school administrators in the district that may have siblings or friends affected by the death

(American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). Furthermore, parents within the school community must be informed and encouraged to be mindful of their child's reactions to the tragedy and to reduce the likelihood of distortions (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). The letter must encourage families to communicate with administrators should they have personal concerns or report any changes in the behaviour of their child. (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). Finally, any media coverage and publicity about the suicide should be eliminated, especially any coverage that attempts to glamorize the suicide to avoid contagion (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019; School District No. 63 Saanich, 2022). Reporters should not be given access to school grounds and school secretaries must be provided with a fact sheet from which to respond to telephone inquiries from the media (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). The way information is disseminated after a suicide can impact the postvention process of a community and must be done quickly with honesty and empathy (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019).

In the days immediately after a suicide, the school must maintain a calm and supportive atmosphere while preparing a list of students who may benefit from counselling (American Association of Suicidology, n.d.; School District No. 63 Saanich, 2022). The school must maintain a regular schedule as the predictability of routine can be reassuring during a time of stress (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). Though school routines continue, staff must be flexible, and expectations must be reduced (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). For example, tests and larger assignments should be rescheduled, and students who require support

should be allowed to miss class to access counselling resources (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). A drop-in center appropriate for individual and group counselling must be established in a private location for small groups (i.e., counsellor's office, corner of the library, home-economics living room) (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). Students who are at increased risk (i.e., history of previous suicide attempts, experience emotional difficulties; have been hospitalized for mental health related problems; had a real or perceived close relationship with the deceased; might identify with the deceased or view them as a role model; are preoccupied with death or suicide; have experienced a recent death of a loved one; have personal history that includes the suicide of a family member or friend; are friends or siblings of the deceased; self-identify as at-risk) should also be identified (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). Establishing a calm, predictable, and flexible school atmosphere where students have access to support is crucial in the first few days of postvention (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019).

The role of the school counsellor during postvention focuses on reactions that interfere with a healthy grieving process and with students' abilities to cope with the crisis (American Association of Suicidology, n.d.). General school counselling guidelines for postvention include: (1) explaining, encouraging, and validating the expression of feelings such as shock, fear, sadness, guilt, and anger; (2) reassuring that there is no correct way to feel after a suicide and part of the grief process is to experience pain; (3) clarifying the facts of the suicide and correcting misinformation if necessary; (4) acknowledging the desire to know the reasons behind the suicide while reducing speculation and blame; (5) deglamorizing the act of suicide; (6) asking suicide survivors to describe their memories of the deceased and acknowledging any

emotions that arise; (7) encouraging strength-based discussions of past losses; (8) acknowledging that suicidal thoughts are common but do not have to be acted upon; (9) helping others rehearse possible condolence messages to the family; (10) encouraging students to talk to their parents and friends about their feelings; (11) directing students to available community resources; and (12) keeping grieving students at school and dismissing only with parent knowledge and approval; (13) being mindful of important dates such as the anniversary of the death or birthday of the deceased (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019; School District No. 63 Saanich, 2022). The guidelines listed can assist the school counsellor in facilitating an effective postvention process by helping students process their grief and cope with the crisis (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019).

After a suicide death, the balance between supporting the grieving process and the avoidance of glamorizing the death is a delicate issue (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). Large-scale commemorative activities such as memorial assemblies are strongly discouraged as school-wide events can sensationalize the death, promote intense feelings, and cause emotional contagion (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). Permanent memorials such as a plaque, tree, yearbook dedication, athletic event dedication, or scholarship fund in the name of the deceased also has the potential for becoming an invitation to glamorize and remind students, staff, and families of the suicide (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019). If a memorial must be created, school personnel are encouraged to channel students' energies into constructive projects that help the living, such as collecting funds to help the family with funeral costs or donating to a community agency, such as a crisis center.

Honoring a deceased loved one through memorial can be part of a healthy grief process but school personnel must be aware of and understand the delicate balance between sensationalizing the death and helping the community cope on a case-by-case basis (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019).

Though the most intense phase of the crisis lasts only a few weeks, the aftermath of a suicide is enduring (American Association of Suicidology, n.d.). Some members of the community will experience a quick grieving process while it may take years for others (American Association of Suicidology, n.d.). It is encouraged that counselling and CIRT outreach continues as long as there is a demand or perceived need and the school must be prepared to reintroduce postvention measures as needed (American Association of Suicidology, n.d.; School District No, 43 Coquitlam, 2019).

Building Trauma-Informed School Communities

Understanding Trauma

In a general context, trauma refers to psychological and neurobiological effects of events or experiences that involve overwhelming fear, stress, helplessness, or horror (Isobel, 2021). Following a traumatic event, individuals may develop and present with symptoms such as anxiety, anger, social challenges, academic difficulties, and family conflict (Hallett & Donelan, 2021). Repeated exposure to traumatic events can impact the brain and nervous system, such that the brain more easily enters survival mode even when danger is not present (National Child Traumatic Stress Network, 2017).

Trauma has been described as having three aspects: exposure to harmful or overwhelming events or circumstances, the individual experiencing of these events, and the long-term effects of the event on the individual (Poole et al., 2017). The key point in understanding

trauma is not the exposure to the event itself, but the individual's perception of the event (Hallet & Donelan, 2021). When the demands of the situation overwhelm the individual's ability to cope, the stressful event can become traumatic (Hallett & Donelan, 2021). Trauma can occur at the individual level (e.g., sexual, physical, or emotional violence) or collective level (e.g., slavery, colonization, or war) (Hargrave et al., 2022). Individual responses to traumatic experiences are influenced by a variety of factors, including genetic and biological components, family context, and vulnerabilities related to previous life experiences (Hallett & Donelan, 2021). The experience of trauma also considers multiple dimensions, including the timing of initial exposure, magnitude, complexity, frequency, duration, and source (i.e., interpersonal or external) (Poole et al., 2017).

Trauma is divided into two main categories, acute and complex, depending on the frequency and duration of exposure to a stressful event. Acute trauma refers to the response to a single traumatic event and may result in trust and security challenges, issues regarding development of independence and autonomy, separation anxiety, emotional dysregulation, sleep disturbances, stunted physical growth, poor concentration, lower academic performance, issues with impulse control, irritability, and behavioural issues (Poole et al., 2017). Complex trauma refers to the response to ongoing and multiple traumatic events and is associated with developmental delays, trust and security issues, hyperarousal, disassociation, emotional dysregulation, attachment issues, separation anxiety, medical problems, sleep issues, decreased growth, learning disabilities, issues with boundaries and impulse control, apathy, low self-esteem, problems with peer relationships, oppositional behaviours, and suicidal ideation (Poole et al, 2017). Repeated traumatic experiences amplify the risk of experiencing negative physical and emotional effects (Poole et al., 2017).

Developmental and intergenerational trauma are two sub-categories of trauma that are particularly relevant to children and youth (Poole et al., 2017). Developmental trauma is defined as chronic childhood exposure to violence, physical, emotional and/or sexual abuse or assault, abandonment, neglect by caregivers, loss and separation, witnessing violence or death, repeated grief and loss, and/or coercion and betrayal (Rogel et al., 2020; Poole et al., 2017). Developmental trauma can also relate to prenatal, birth, and perinatal experiences, such as those involving poor prenatal care, a challenging pregnancy or birth, or early hospitalization (Poole et al., 2017). Developmental trauma can also be systemically induced through exposure to invasive medical treatments, youth incarceration, involvement in the justice system, and/or displacement through foster care (Poole et al., 2017). Developmental trauma has been shown to have a long-lasting and extensive impact on neurodevelopment, including attention deficits, impulse control, self-regulation, and executive functioning challenges (Rogel et al., 2020).

Intergenerational trauma refers to experiences of psychological trauma by one generation and its indirect effects on subsequent family or community members (Hargrave et al., 2022). The coping and adaptation patterns developed in response to trauma can be passed from one generation to the next (Poole et al., 2017). In Canada, historical and intergenerational trauma is largely related to the impacts of colonization and the systemic oppression of Indigenous Peoples (i.e., the Indian residential school experience, Indian Hospitals, the ‘60s Scoop) (Poole et al., 2017). The cultural genocide of Indigenous ways of being had a devastating impact on Indigenous families and communities, which is seen in elevated levels of suicide, mental health issues, substance use, family separation, high levels of incarceration, and high rates of violence against Indigenous girls and women (Poole et al., 2017). The mechanisms by which trauma is transmitted across generations are thought to occur via biological or epigenetic pathways, family

dynamics, coping behaviours, and cultural or societal contexts (Hargrave et al., 2022). Intergenerational trauma has been associated with adverse health outcomes, socioeconomic hardship, homelessness, substance use, and mental illness (Hargrave et al., 2022).

Traumatic experiences can have a neurobiological impact and may change the structure and function of the developing brain, including structures associated with regulating stress and arousal (Poole et al., 207). In the event of a threatening experience, the initial sensory information about the threat is relayed to the thalamus and then quickly sent to the amygdala, activating the stress response system and generating an immediate reaction in the body (i.e., rapid heart rate and breathing, sweating, pupil dilation, etc.) (Michaels, 2021). Repeated exposure to traumatic events can influence the development of an overactive and overly reactive stress response system (Poole et al., 2017). The cortisol response in individuals exposed to trauma is also typically dysregulated, resulting in an overactive immune response and increased likelihood of developing stress related disorders, reduced ability to regulate emotions, poorer intellectual functioning, cognitive impairments, and communication issues (Poole et al., 2017).

Data for prevalence rates of trauma experience in Canada indicates that over 74% of the total population has reported experiencing a traumatic event during their lifetime (Dennis et al., 2022). The high rate of trauma for Canadian citizens as well as the negative psychological effects from exposure to trauma highlights the need for systemic reform: there is a need for organizations to implement frameworks that help identify mental health concerns and provide access to specialized interventions aimed at reducing the impacts of trauma (Poole et al., 2017).

The Trauma-Informed Approach

Increasing awareness of trauma rates experienced by people accessing mental health care has highlighted a need for the integration of trauma-informed practices throughout programs,

organizations, and systems (Isobel, 2021). Trauma-informed services begin with an accurate understanding of trauma and its impacts as well as a goal of recovery through the intentional and ongoing focus on creating an environment of safety, trust, clarity, connection, and inclusion (Poole et al., 2017). A trauma-informed approach recognizes that experiences of trauma are common, and that there are a wide range of effects of trauma on short-term and long-term health and well-being (Poole et al., 2017). The trauma-informed approach also provides a framework for treatment that addresses primary symptoms of trauma while understanding and acknowledging ways in which these symptoms have formed due to stressful life experiences (Hallett & Donelan, 2021).

The overall systemic goal of a trauma-informed approach is to integrate programs and services that promote resilience, nurture healthy coping skills, and create an environment that does not retraumatize its members (Poole et al., 2017). A trauma-informed perspective involves four main approaches: “(1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; (3) responding by putting this knowledge into practice; and (4) resisting re-traumatization” (Hallett & Donelan, 2021, p. vii). To become trauma-informed, systems must shift the focus away from the types of events that cause trauma or the populations most at risk, and instead develop an understanding of the common experiential elements that cause events to be traumatic and the impact of these events on a deeply personal and contextual level (Isobel, 2021). Therefore, the meaning attached to the word trauma encompasses a wide breadth of events, as well as their differing effects upon individuals in unique contexts (Isobel, 2021).

Principles of Trauma-Informed Practice

Through literature and practitioner input, researchers have identified four main principles of trauma-informed services: (1) trauma awareness; (2) emphasis on safety and trustworthiness; (3) opportunity for choice, collaboration, and connection; and (4) strengths based and skill building (Poole et al., 2017). The four principles provide a foundational framework for the incorporation of a trauma-informed service (Poole et al., 2017).

The initial principle of a trauma-informed service begins with building awareness among the community of the prevalence of trauma experiences, how the impact of trauma affects development, the wide range of accommodations to help cope with trauma, and the relationship of trauma with a variety of mental and physical health conditions (Poole et al., 2017). When services are trauma aware, the foundation for a trauma-informed culture is established (Poole et al., 2017).

The second principle involves creating a sense of physical, emotional, spiritual and cultural safety among members (Poole et al., 2017). Safety and trust are established in a variety of ways, including the integration of welcoming procedures, creating warm, comfortable, and inviting physical spaces, providing clear information, allowing the expressions of feeling without fear of judgment, establishing a sense of predictability, and developing crisis and safety plans (Poole et al., 2017). To ensure cultural safety, Indigenous community members must be represented among all levels of an organization, including at the leadership level (Poole et al., 2017). The representation of Indigenous voices allows for Indigenous perspectives to be respected and included in the development and design of policy and practice, while creating culturally safe interventions and programming (Poole et al., 2017). Establishing a sense of safety and trust encourages services to create a system of care that supports the entire community (Poole et al., 2017).

Providing a sense of efficacy is a third important principle of trauma-informed services (Poole et al., 2017). Trauma experiences often decrease the sense of an internal locus of control for trauma survivors (Kwan et al., 2022). When services collaborate with members and provide opportunities for choice, a sense of empowerment is established through shared control over policies and practices (Poole et al., 2017). The feeling of empowerment among members creates a culture that fosters respect, agency, and dignity (Poole et al., 2017).

Finally, trauma-informed services help members develop resiliency and coping skills (Poole et al., 2017). For example, services may teach and model skills for recognizing trauma responses and assist in mindfulness practices to help members respond to situations in a calm, centered, and present manner (Poole et al., 2017). The strengths based and skill building trauma-informed principle requires training, meaningful engagement, and culturally competent and gender-informed practices (Poole et al., 2017).

Trauma-Informed School Communities

The primary goal of the school system is to support students in educational achievement (National Child Traumatic Stress Network, 2017). In order to create thriving school environments, schools must acknowledge that personal experiences have an impact on student learning and that mental health and wellness are integrally connected to student success (National Child Traumatic Stress Network, 2017). In schools, behaviours resulting from exposure to trauma may be addressed in a punitive and potentially harmful manner, which can lead to suspensions, expulsions, and reduced graduation rates (National Child Traumatic Stress Network, 2017). When school communities are responsive to the social, behavioural, and emotional needs of their members, there is compassion for the impacts of trauma, feelings of safety and support can be established, and resiliency can be developed (National Child Traumatic

Stress Network, 2017). Trauma-informed schools maintain a focus on education and achievement, but also acknowledge that students must feel safe, supported, and ready to learn in order to flourish (National Child Traumatic Stress Network, 2017).

A trauma-informed school community is one in which all administrators, teachers, support staff, students, families, and community members recognize and respond to emotional, behavioural, relational, and academic impacts of trauma-related stress within the school system (National Child Traumatic Stress Network, 2017). The four principles of trauma-informed practice can be implemented in schools by (1) providing trauma awareness, knowledge, and skills as part of the school culture, practices, and policies in collaboration with students, families, community agencies, district personnel, and law enforcement; (2) promoting an inclusive and welcoming environment where physical, emotional, spiritual, and cultural safety is valued, and where strong and trustworthy relationships are developed; (3) creating opportunities for choice and connection to support strengths and inviting students, staff, families, and community agencies to be active participants in the decisions that impact the school community; and (4) promoting resiliency, healing, and self-advocacy by teaching coping skills, creating a structured and predictable learning environment, and minimizing unnecessary trauma and loss reminders (British Columbia Ministry of Education, 2021; National Child Traumatic Stress Network, 2017). Furthermore, when conflict arises, trauma-informed schools use a balanced restorative approach to mediate with disciplinary action when appropriate (National Child Traumatic Stress Network, 2017). It is important to note that trauma-informed practice is not a prescriptive plan, but a framework that can be individualized to focus educational system improvements and organizational changes (National Child Traumatic Stress Network, 2017). Overall, trauma-informed school communities acknowledge the relationship between mental health and academic

achievement and seek to align trauma-informed core principles with social, emotional, and behavioural learning practices, classroom management, communication, and disciplinary responses (National Child Traumatic Stress Network, 2017).

Trauma-Informed Suicide Postvention

The current medical model of suicide postvention considers suicide as pathological, and fails to acknowledge the social, political, cultural, and historical contexts that can have a significant role in suicidal behaviour (Berman et al., 2021). The current model of postvention requires critical reflection, as suicide loss survivors are often faced with a lack of support services that recognize or address their trauma (Jordan, 2020; Mirick et al., 2023). Though bereavement after suicide has been neglected in the field of suicidology, the trauma-informed approach acknowledges the prevalence of trauma and its relationship to suicide, understands the impact of trauma and the ways a system must respond to the impacts, avoids re-traumatization, and values input from those with lived experiences (Jordan, 2020; Mirick et al., 2023). The implementation of trauma-informed postvention may help heal underlying pain, guilt, shame, and stigmatization often faced by suicide loss survivors (Gutin, 2018; Mirick et al., 2023). Trauma-informed suicide-focused work contains six key elements: safety, trustworthiness, peer support, collaboration, empowerment, and cultural, historical, and gender considerations (Mirick et al., 2023). In order to be effective, these principles must be integrated throughout the culture, physical space, policies, and work with family, friends, or organizations that have been bereaved by suicide death (Mirick et al., 2023). The application of the six elements creates a trauma-informed climate where bereaved individuals can grieve, safely adapt to the loss, and heal from the pain of bereavement (Mirick et al., 2023).

Safety is the foundation of trauma-informed postvention and includes various dimensions, including feelings of physical, emotional, and relational safety (Mirick et al., 2023). When working with bereaved individuals, safety refers to an individual's physical safety, the physical environment, and the avoidance of triggers and retraumatization (Mirick et al., 2023). Feelings of safety depend on the creation of a relationship between the bereaved and the service provider that is characterized by compassion, empathy, trustworthiness, consistency, dependability, predictability, and an ability to acknowledge and share the psychological pain of grief (Mirick et al., 2023). Some examples of safety in postvention include allowing family members or friends accompany bereaved clients and discouraging service providers from asking for potentially activating or traumatizing details of the suicide (Mirick et al., 2023). Establishing a safe environment for bereaved individuals following a suicide loss creates the foundation for an effective healing journey (Mirick et al., 2023).

The second element of trauma-informed postvention is focused on trustworthiness and transparency (Mirick et al., 2023). When individuals lose a loved one to suicide, feelings of trust are often disrupted due to the greater level of stigmatization and shame as well as a need to conceal the manner of death (Jordan, 2020; Mirick et al., 2023). Furthermore, when individuals have been hurt by a loved one, they may be more reluctant to trust others, including service providers (Mirick et al., 2023). Therefore, trauma-informed postvention requires the development of a trusting relationship, which is often a slow process due to the initial reluctance to trust others (Mirick et al., 2023). Examples of ways that trust can be established include maintaining clear, unambiguous communication, using respectful and non-stigmatizing language about trauma and suicide, setting clear boundaries, being open about decision making, being transparent about the reasons for questions, practices, and policies, and fully recognizing and

welcoming a client’s identity (i.e., use of chosen name, use of correct pronouns) (Mirick et al., 2023). Trusting relationships must be established from intake procedures and maintained throughout the bereavement process to promote healing (Mirick et al., 2023).

The third element of trauma-informed suicide postvention is peer support, which involves individuals who provide social, instrumental, or emotional support for the bereaved (Mirick et al., 2023). For suicide loss survivors, peer support may include programs where individuals can connect with others with lived experience with suicide loss (Mirick et al., 2023). Peer support programs may include face-to face groups, online groups and forums, and one-on-one peer support (Mirick et al., 2023). Participation in peer support programs positively impact suicide loss survivors, and participants report better coping and problem solving, an increased sense of empowerment, hope, connectedness and meaning, and decreased grief reactions, self-blame, and stigma (Higgins et al., 2022; Mirick et al., 2023).

Trauma-informed suicide postvention also requires collaboration and mutuality (Mirick et al., 2023). Service providers must work in partnership with bereaved families to promote relational safety and provide individuals with a sense of agency throughout the treatment (Mirick et al., 2023) Furthermore, service providers might collaborate with relevant organizations and agencies that can support clients and families in developing relationships across systems of care so that clients can access further trauma-informed services and trauma treatment (Mirick et al., 2023). Actively involving clients and families in decision-making processes and treatment plans, while connecting to relevant community organizations, minimizes power differentials and gives clients and families a greater sense of control (Mirick et al., 2023).

The fifth element of trauma-informed suicide postvention is empowerment, voice, and choice (Mirick et al., 2023). Trauma survivors often report a decrease in the sense of an internal

locus of control (Kwan et al., 2022). After experiencing a trauma such as a death by suicide, feelings of powerlessness and lack of control may arise as individuals attempt to seek an explanation and make sense of the death (Mirick et al., 2023). By empowering suicide loss survivors, trauma-informed service providers can help individuals regain a sense of control over their lives (Mirick et al., 2023).

The final element of trauma-informed postvention is the awareness of broader cultural, historical, and gender-based issues (Mirick et al., 2023). There is a need for more evidence-based culturally sensitive postvention programs and an acknowledgement of the cultural barriers that exist when understanding and treating trauma, including cultural understandings of suicide and trauma, racial and historical trauma, and the role of discrimination in trauma, suicidality, and access to services (Mirick et al., 2023). Supports for suicide loss survivors must be aware of the experiences of racial and historical trauma as well as the negative impact cultural trauma has on physical and mental health and the increased risk of retraumatization (Mirick et al., 2023). Trauma-informed postvention requires the acknowledgement that discrimination has played a role in trauma, suicide, and access to treatment and must mitigate cultural barriers when working with diverse individuals (Mirick et al., 2023).

Trauma-informed suicide postvention attempts to minimize the negative impact of exposure to suicide can have on the survivors left behind (Jordan, 2020). Trauma-informed postvention also recognizes Post-Traumatic Growth (PTG) that can occur after traumatic experiences, which is a new area of focus in the field of trauma research (Jordan, 2020). PTG is described as a changed outlook on life, greater resilience in the face of stress, and the development of increased prosocial feelings and behaviour such as compassion, non-judgmental tendencies, and hope (Jordan, 2020). The concept of PTG offers hope and sets a foundation for

improving the process of healing injurious effects of such a devastating loss, and for promoting growth for the bereaved after experiencing a painful loss (Jordan, 2020).

Summary

The literature I reviewed in this chapter was in support of the research question, which asks: how can critical incident responses and trauma-informed perspectives help support postvention for grieving school communities after a student or staff member has died by suicide? First, I developed an understanding of the factors that place youth at risk for suicidal behaviour as well as the unique challenges of bereavement faced by suicide loss survivors. I also highlighted the contexts and conditions leading to high rates of suicide among Indigenous populations and introduced the developing body of research that suggests suicide interventions for Indigenous youth must be culturally accordant with Indigenous paradigms. Next, I summarized effective critical incident responses across British Columbia school districts. Specifically, I highlighted school-based postvention plans that help manage the crisis, disseminate information, and provide suggestions for counselling, communicating with families, and responding to the media. Finally, I reviewed trauma-informed practice as a method of creating a school environment based on safety, trust, clarity, predictability, connection, and inclusion. Specifically, I explored trauma-informed suicide postvention implemented by systems and organizations to respond to the impacts of suicide, avoid re-traumatization, and consider input from those with lived experiences of suicide loss. In Chapter 3, I will propose recommendations for trauma-informed postvention in schools based on the six key elements of trauma-informed suicide-focused work: safety, trustworthiness, peer support, collaboration, empowerment, and cultural, historical, and gender considerations.

Chapter 3: Summary, Recommendations and Conclusions

Summary

Throughout this capstone, I have provided insight into the impacts of suicide, effective school-based crisis responses, and trauma-informed applications that can help tailor effective suicide postvention. The purpose of the literature reviewed was to illustrate the potential risk factors for youth suicide and highlight the challenging nature of suicide bereavement, as well as summarize common critical incident responses and trauma-informed practices in British Columbia. School districts in British Columbia have well-established plans for anticipating, dealing with, and reducing adverse effects of critical incidents, including suicide (British Columbia Ministry of Education, 2015; School District No. 43 Coquitlam, 2019). When a member of a school community dies by suicide, the critical incident response is centered around helping students, staff, and families with the grieving process while preventing suicide contagion or imitation (American Association of Suicidology, n.d.). Though critical incident responses are effective for immediate and short-term support, the long-term impacts of trauma caused by suicide death within a school community are not as thoroughly acknowledged or researched, and potentially creates a greater risk of mental health challenges for those left behind (Jordan, 2020). Since youth are particularly vulnerable to suicidal behaviour and contagion, it is crucial for school districts to develop postvention plans that also consider long-term grief support and recovery (Ballard & Pao, 2022; Bilsen, 2018; Casey et al., 2008). The trauma-informed perspective is a systemic approach that, when holistically integrated into the school culture, may have lasting positive effects on healing from suicide-related trauma (Poole et al., 2017). In Chapter 3, I will propose recommendations for trauma-informed postvention in schools based on the six key elements of trauma-informed suicide-focused work: safety, trustworthiness, peer

support, collaboration, empowerment, and cultural, historical, and gender considerations (Mirick et al., 2023). The recommendations I will propose can be integrated into schools by teachers, counsellors, and administrators and can help to create a trauma-informed climate where the school community can grieve safely, adapt to the loss, and heal from the pain of bereavement (Mirick et al., 2023).

Recommendations

The trauma-informed approach to suicide acknowledges the experience and impacts of trauma associated with suicide bereavement and understands the ways a system must respond to the impacts of suicide-related trauma (Jordan, 2020; Mirick et al., 2023). In schools, trauma-informed postvention should aim to promote feelings of safety and trust, while building a network of support, collaborating with others, empowering others, and being mindful of broader cultural, historical, and gender-based issues that could affect the grief process (Mirick et al., 2023). When trauma-informed perspectives are integrated into the school culture following a suicide, re-traumatization and contagion may be avoided and students and staff can move towards resiliency and post-traumatic growth (Jordan, 2020; Mirick et al., 2023).

Promoting Feelings of Safety

Trauma-informed suicide postvention in schools begins with establishing and maximizing a sense of safety for students, staff members, and families (Mirick et al., 2023). When students, staff members, and families feel safe and supported, the grieving process can be adaptive and resilient thoughts and behaviours can be nurtured (National Child Traumatic Stress Network, 2017). Feelings of safety must be considered across a variety of domains, including physical, emotional, relational, and cultural safety (Jordan, 2020; Poole et al., 2017). In this section, I will discuss each safety domain individually and suggest trauma-informed methods for

schools to promote feelings of safety for students, staff, and families during the postvention process.

Physical Safety

The physical environment of the school must signal that the space is welcoming and safe for students, staff, and families when they enter the building (Poole et al., 2017). One way of promoting physical safety following a suicide is the establishment of "comfort spaces," which can support self-soothing skills and promote self-regulation (Poole et al., 2017). Schools can establish a designated comfort space in a private but supervised location that can hold small groups of students, such as the counsellor's office, a corner of the library, or a sensory room (American Association of Suicidology, n.d.). Comfort spaces might serve as a place to connect with a school counsellor or a member of the Critical Incident Response Team (CIRT) who can provide individual or small group counselling, or offer calming activities such as colouring, listening to music, reading, paper folding, or mindfulness exercises. Teachers can also establish comfort spaces within their classrooms by allowing for flexible seating and designating areas of the classroom which students can freely access for self-regulation purposes. Providing students with a designated self-regulation zone that can be accessed at any time during the school day allows for increased feelings of safety and control and gives students the chance to speak with a support teacher or counsellor if needed (American Association of Suicidology, n.d.).

Schools can also encourage a physically safe environment during the postvention process by posting relevant informational materials around the building (Poole et al., 2017). The school counsellor might distribute or hang up posters that provide information about receiving mental health and trauma-related support. The informational materials might explain how students can contact their school counsellor or provide a list of relevant outside agencies with instructions for

how students and families can contact various community services and supports (Poole et al., 2017).

Emotional Safety

Emotional safety in suicide postvention refers to the ability for the bereaved to express, manage, and make meaning of emotions as they arise (Poole et al., 2017). School staff must acknowledge that a variety of emotions can occur following a suicide death and must demonstrate acceptance and empathy for a range of emotional expressions (Poole et al., 2017). Teachers can help students build emotional intelligence by teaching and providing opportunities for students to identify feelings and body reactions (Poole et al., 2017). Teachers can also assist students in the development of evidence-based coping strategies by teaching and modeling skills for recognizing triggers, calming, centering, and staying present (Poole et al., 2017). Grounding skills can be taught through playing games like "I Spy," taking nature walks, or participating in mindful breathing (Poole et al., 2017). Teachers and counsellors may also help students self-regulate by providing a sensory box with blankets, stuffed animals, textured toys, and objects that students can access when needed (Poole et al., 2017). By helping students learn how to identify and manage emotions as they arise, students can begin to understand and make meaning of their reactions as they adapt to the loss.

In the days following a suicide, opportunities should be provided for students to talk about their experiences and trauma if they choose to (Poole et al., 2017). Discussing the death and its impacts on the community should not be forced and exposure to inaccurate or potentially re-traumatizing information should be avoided; however, talking about and receiving support for trauma must be welcome and available in the school setting within the limits of staff members' individual scopes of practice (Poole et al., 2017). School counsellors should quickly identify

students who are at increased risk and facilitate individual or group counselling sessions with informed consent (American Association of Suicidology, n.d.; Poole et al., 2017). School counsellors should also be knowledgeable about community services and refer to outside agencies if a student's emotional needs exceed the abilities of the school counsellor.

It is important to acknowledge that staff members may also be struggling with grief and should also be given opportunities to express emotions by debriefing and collaborating with colleagues and administrators (Poole et al., 2017). Administrators and district-based staff can support the emotional safety of school staff by reminding and instructing employees on how to access counselling support through their employee benefits. Trauma-informed postvention must also understand and recognize the risk of secondary traumatic stress for staff members when supporting students through grief (Poole et al. 2017). Administrators and Critical Incident Response Teams should encourage staff to pay attention to three key areas, known as the ABC's: (1) Awareness of needs, emotions, and limits; (2) Balance between work, leisure time, and rest; and (3) Connection to self, to others, and to something greater (e.g., spirituality) (Poole et al., 2017). It is crucial for staff members to engage in self-care following a suicide death to avoid secondary trauma and provide effective support their students and colleagues (Poole et al., 2017).

Emotional safety should also be considered when planning school-based commemorative activities (American Association of Suicidology, n.d.). Large-scale commemorative activities and physical permanent memorials should be avoided, as they can promote intense emotions and cause emotional contagion (American Association of Suicidology, n.d.). Administrators should encourage students and staff to channel energies into constructive projects that help the living, such as collecting funds to help the family with funeral costs or donating to a community agency, such as a crisis center (American Association of Suicidology, n.d.). Constructive

commemorative activities are less likely to promote intense emotions and can support a healthy grieving process (American Association of Suicidology, n.d.).

Relational Safety

Relational safety refers to the interaction between members of the school community and the environment, and the translation of that information into appropriate responses (Macnamara, 2020). Trauma-informed relational safety can be established through clarity and predictability when communicating routines and expectations (Poole et al., 2017). The school must maintain a regular schedule as the predictability of routine can be reassuring during a time of stress; however, the reduction of academic expectations in the days following a suicide must be clearly communicated to avoid placing added stress on students and staff (American Association of Suicidology, n.d.). Clear information and predictable expectations about support must also be provided and students and families should be made explicitly aware of the resources available in the school and in the community (Poole et al., 2017).

Administrators must also work to provide an environment that allows for planned mental health breaks for staff (Poole et al., 2017). In the days immediately following a suicide, administrators should plan for extra support staff, including Teachers Teaching on Call (TTOC) who can periodically cover for teachers when a break is needed (American Association of Suicidology, n.d.). In the months moving forward, district counsellors and members of the CIRT might maintain connections with staff members who have been significantly affected by the death and provide support if necessary.

Cultural Safety

Cultural safety refers to a school's ability to implement postvention processes and policies in a culturally safe manner to students, staff, and families with diverse backgrounds

(Poole et al., 2017). Cultural safety includes sensitivity toward the experiences of Indigenous peoples, immigrants, refugees, people of all religions, ethnicities, classes, genders and sexual orientations, and requires a commitment to ongoing professional development in cultural competence (Poole et al., 2017). School districts can demonstrate culturally sensitive trauma-informed care by acknowledging, respecting, and integrating students' and families' cultural values, beliefs, and practices into postvention. Due to the high rates of suicide for Indigenous youth, schools should also allow for the representation of Indigenous voices and perspectives to be respected and included in the development of school-based postvention plans (Poole et al., 2017).

Trustworthiness and Transparency

The second element of trauma-informed postvention for schools focuses on trustworthiness and transparency (Mirick et al., 2023). When a school loses a student or staff member to suicide, feelings of trust in relationships are often disrupted due to the traumatic and stigmatizing nature of the death and a decrease in the sense of an internal locus of control (Jordan, 2020; Kwan et al., 2022; Mirick et al., 2023). In classrooms, teachers should place a central focus on nurturing positive student-to-student and teacher-to-student relationships, while acknowledging that the relationship building process may be difficult due to the experience of trauma (Poole et al., 2017). Teachers can also support and promote positive and stable relationships in students' lives by, encouraging group work, engaging in team-building exercises, creating opportunities for play, and allowing for flexible seating so that students can sit with friends (Poole et al., 2017).

Network of Support

Trauma-informed suicide postvention in schools continues with establishing a secure network of support for students, staff, and families (Mirick et al., 2023). Following a suicide, networks of support in schools involve individuals who provide social, instrumental, or emotional support for the bereaved (Mirick et al., 2023). In classrooms, teachers can act as a support for students by noticing and responding to challenging behaviours based on an understanding of trauma responses and an acceptance for a range of emotions (Poole et al., 2017). Instead of penalizing challenging behaviours, teachers should respond with care and compassion and seek to understand the purpose of the behaviour through curiosity, empathy, and understanding. School counsellors may also help build a network of support by providing group counselling sessions for students most significantly affected by the suicide, providing bereavement or postvention professional development training for staff, mapping the supports and treatments available for students who are experiencing trauma, and building relationships with community agencies to facilitate appropriate and timely referrals (Poole et al., 2017). Administrators can create a network of support by creating and maintaining a work environment that conveys respect and appreciation (Poole et al., 2017). On a cultural level, administrators might also identify leaders who can serve as trauma-informed practice support teachers and can help to promote cultural change within the workplace (Poole et al., 2017).

Collaboration and Mutuality

The fourth element of trauma-informed postvention in schools requires collaboration and mutuality (Mirick et al., 2023). School staff must work in partnership with students, families, and community agencies to build upon networks of support and provide individuals with a sense of agency throughout the postvention process (Mirick et al., 2023; Poole et al., 2017). Teachers can

assist by collaborating with students and including their perspectives in defining the qualities that make a safe and positive learning environment (Poole et al., 2017). School counsellors can collaborate with community organizations by making referrals where necessary for trauma-specific interventions tailored to age, culture, and gender (Poole et al., 2017). Administrators can create and maintain a work environment that provides support for supervision, collaboration, and consultation (Poole et al., 2017). Administrators can also collaborate with families by providing information about recognizing and responding to trauma across developmental stages as well as possible trauma indicators (Poole et al. 2017).

Empowerment, Voice, and Choice

Trauma-informed suicide postvention in schools should also aim to empower others, while providing opportunities for voice and choice (Mirick et al., 2023). Research shows that following a suicide death, feelings of powerlessness and lack of control may arise as individuals attempt to make sense of the death and seek an explanation (Mirick et al., 2023). Trauma-informed schools can help students, staff, and families regain a sense of control over their daily routines (Mirick et al., 2023). Teachers can collaborate with students to anticipate and regulate their feelings and behaviours, while viewing challenging behaviours within the context of having unmet needs (Poole et al., 2017). Teachers can also provide students with choice by allowing visits to comfort rooms and counselling support during class time as needed (Poole et al., 2017). School counsellors can empower teachers and caregivers by supporting and building the capacity to calm and reassure children (Poole et al., 2017). Administrators can continuously explain and clarify to children and youth the agency processes, next steps, and measures being taken to ensure their safety and wellness (Poole et al., 2017).

Awareness of Broader Cultural, Historical, and Gender-Based Issues

The final element of trauma-informed postvention in schools is the awareness of broader cultural, historical, and gender-based issues (Mirick et al., 2023). School staff can demonstrate awareness through recognizing how age and developmental trends impact the experience and effects of trauma for children and youth, and provide responses that are appropriate for students' culture, age, and cognitive, physical, and emotional developmental stages (Poole et al., 2017). School staff can also recognize how gender affects the type of trauma experienced, the expression of its effects, and the openness to discussing trauma while providing gender responsive options for support (Poole et al., 2017). School staff must also recognize how trauma impacts Indigenous children and youth, and involve Indigenous youth workers, parents, aunts, uncles, and elders in bringing holistic wellness and other culturally competent practices to trauma-informed postvention approaches (Poole et al., 2017). Finally, school staff can assist by cultivating a workplace culture that normalizes and does not stigmatize seeking support for mental health challenges and actively promotes awareness of the supports available to staff, students, and families (Poole et al., 2017).

Conclusions

A constant theme in postvention is the recognition that suicide is a complex, multidimensional, and devastating act through which challenges are inevitable for the bereaved (American Association of Suicidology, n.d.; Gutin, 2018; Jordan, 2020). Due to the traumatic and stigmatizing nature of the death, suicide loss survivors are often left behind with emotions of shock, horror, and disbelief along with a tendency to question their right to grieve, expect low levels of social support, and experience increased feelings of isolation (Gutin, 2018; Jordan, 2020). When a suicide occurs within the context of a school, helping professionals cannot change

many of these factors; however, teachers, school counsellors, and administrators can integrate trauma-informed perspectives into the school culture that may promote lasting positive effects on healing from suicide-related trauma (Mirick et al., 2023; Poole et al., 2017). Trauma-informed perspectives can help to create a school culture that is safe, trustworthy, supportive, collaborative, empowering, and culturally sensitive, which consequently nurtures compassion for the human experience following a suicide loss (Mirick et al., 2023). When school communities collaborate to build an environment that recognizes the strength and resilience that can come with histories of trauma, protective factors are significantly increased for each member of the community moving through grief and loss (Mirick et al., 2023; Poole et al., 2017).

Appendix

Practical Applications for Trauma-Informed Suicide Postvention in Schools

Trauma-Informed Principle	Applications
Promoting feelings of safety	***Physical Safety*** Designate comfort spaces in a private but supervised location that can hold small groups of students (e.g., counsellor's office, corner of the library, sensory room). Allow for flexible seating in the classroom. Designate areas of the classroom which students can access for self-regulation purposes. Post relevant informational materials around the building that explain how students can contact their school counsellor and/or provides a list of relevant outside agencies with instructions for how students and families can contact various community services and supports. ***Emotional Safety*** Understand that a variety of emotions can occur and demonstrate acceptance and empathy for a range of emotional expressions. Teach and provide opportunities for students to identify feelings and body reactions. Teach and model skills for recognizing triggers, calming, centering, and staying present. Practice grounding through playing games like "I Spy," taking nature walks, or participating mindful breathing. Offer calming activities (e.g., colouring, listening to music, reading, paper folding, mindfulness exercises). Create a sensory box with blankets, stuffed animals, textured toys, and objects for self-regulation. Provide opportunities for students to talk about experiences of trauma if they choose to. Avoid forced discussion about trauma.

	Avoid exposure to inaccurate or potentially re-traumatizing information. Avoid large-scale commemorative activities and permanent memorials. Encourage students and staff to channel energies into constructive projects that help the living (e.g., collecting funds to help the family with funeral costs or donating to a community agency such as a crisis center). Identify students who are at increased risk and offer individual or group counselling support. Provide opportunities for staff to express emotions by debriefing and collaborating with colleagues. Remind staff how to access counselling support through employee benefits. Encourage staff to pay attention to the ABC's: (A) Awareness of needs, emotions, and limits; (B) Balance between work, leisure time, and rest, and (C) Connection to self, to others, and to something greater. ***Relational Safety*** Maintain a regular school schedule. Provide clear information and predictable routines. Reduce academic expectations in the days following the death. Communicate to students and families the resources and supports available in the school and community. Plan for extra staffing to cover for teacher mental health breaks in the days following the death. Connect staff who have been significantly affected to members of the CIRT for ongoing support. ***Cultural Safety*** Acknowledge, respect, and integrate students' and families' cultural values, beliefs, and practices.

	Allow for the representation of Indigenous voices and perspectives in the development of postvention plans.
Trustworthiness and transparency	Focus on nurturing positive student-to-student and teacher-to-student relationships. Support and promote positive and stable relationships by encouraging group work, engaging in team-building exercises, creating opportunities for play, and allowing for flexible seating.
Network of support	Notice and respond to challenging behaviours based on an understanding of trauma responses and an acceptance for a range of emotions. Avoid penalizing challenging behaviours. Respond with care and compassion and seek to understand the purpose of the behaviour through curiosity, empathy, and understanding. Provide group counselling sessions for students most significantly affected. Provide bereavement or postvention professional development training for staff. Map the supports and treatments available for students who are experiencing trauma. Build relationships with community agencies to facilitate appropriate and timely referrals. Maintain a work environment that conveys respect and appreciation. Identify leaders who can serve as trauma-informed practice support teachers and can help to promote cultural change within the workplace.
Collaboration and mutuality	Be knowledgeable about community services and refer to outside agencies if a student's emotional needs exceed the abilities of the school counsellor. Include student perspectives in defining the qualities that make a safe and positive learning environment. Collaborate with community organizations by making referrals for trauma-specific interventions. Create and maintain a work environment that provides

	support for supervision, collaboration, and consultation. Provide information to families about recognizing and responding to trauma across developmental stages as well as possible trauma indicators.
Empowerment, voice, and choice	Collaborate with students to anticipate and regulate feelings and behaviours. View challenging behaviours within the context of having unmet needs. Allow students to visit comfort rooms and counselling support during class time as needed. Work with teachers and caregivers to support and build the capacity to calm and reassure students. Continuously explain and clarify to students the agency processes, next steps, and measures being taken to ensure their safety and wellness.
Awareness of broader cultural, historical, and gender-based issues	Recognize how age and developmental trends impact the experience and effects of trauma for children and youth. Respond to students in manners appropriate to culture, age, and cognitive, physical, and emotional developmental stages. Recognize that gender affects the type of trauma experienced, the expression of its effects, and the openness to discussing trauma. Involve Indigenous youth workers, parents, aunts, uncles, and elders in bringing holistic wellness and other culturally competent practices. Cultivate a workplace culture that normalizes and destigmatizes seeking support for mental health challenges.
Promoting post-traumatic growth	Seek to identify protective factors for each individual. Understand that all people with histories of trauma have areas of strength and resilience.

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